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Annual Report

OF THE

County Medical Officer of

Health, County Donegal,

ON THE

Health and Sanitary Conditions

of the County

AND ON THE

County School Medical Service.

==

YEAR 1937.

==

LETTERKENNY :

Printed by M'KINNEY & O'CALLAGHAN, Main Street,

PART I.

: Annual Report :

OF THE

County Medical Officer of Health

County Donegal

ON THE

**Health and Sanitary Conditions of
the County.**

YEAR 1937.

TABLE OF CONTENTS.

PART I.

	Page
Prefatory Letter	3
Population	6
Occupation	7
Vital Statistics	8
Infectious Diseases	12
Enteric Fever	13
Typhus Fever	20
Scarlet Fever	20
Diphtheria	21
Immunisation against Diphtheria	22
Housing	23
Town Sanitation	29
Slaughter of Animals Act, 1935	30
Slaughter-houses and Meat Shops	33
Tuberculosis	36
Milk and Dairies Act, 1935	40
Maternity and Child Welfare	51
Supervision of Midwives	54
Welfare of the Blind	55
Notification of Births	57
Propaganda	58
Food and Drugs Acts	61

PART II.—SCHOOL MEDICAL SERVICE.

Introduction	67
School Managers and Teachers	68
Attendance of Parents	68
Comments on Tables of Defects	69
School Meals	70
Nutrition	71
Dental Defects	72
Visual Defects	75
Tuberculosis	76
Rheumatism	76
Table of Incidence of Defects (1931-1937)	77
School Buildings	78
Summary of Inspection and Defects	85
Summary of Treatment	93

Roinn na Sláinte Puiblidhe,

Srath an Urláir,

Co. Dhún na nGall.

Do Chathaoirleach agus Comhaltaí,

Chomhairle Chonndae Dhún na nGall.

A Dhaoine Uaisle,

Is mór agam d'onóir an cuntas cinn-bliadhna seo do chur fé nbhúr mbrághaid fé mar atá de dhualgas orm do réir na n-ordughadh so leanas: Ordughadh na Liaigh-Fheadhmannach Conndae, 1926, agus Ordughadh Sláinte Puiblidhe (Liaigh-Riaradh Leanbhaí), a 1920.

Mise, le meas,

M. BASTABAL,

Liaigh-Fheadhmannach Conndae.

Aibreán, 1938.

DONEGAL BOARD OF HEALTH.

Staff of Public Health Department

YEAR ENDING 31st DECEMBER, 1937.

County Medical Officer of Health:

M. S. BASTABAL, M.D., D.P.H. (M. J. BASTIBLE).

Assistant County Medical Officers of Health:

M. J. McCOLGAN, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.

R. HAYES, M.B., B.Ch., B.A.O., D.P.H., B.Sc. (P.H.), L.M.

School Dental Officers (Part Time):

JOSEPH R. KELLY, B.D.S.

J. VINCENT CALLAGHAN, L.D.S.

Public Health Nurses:

Full Time—Miss ANNE CASEY.

Miss MARY WALSH.

Miss MARGARET T. McLAUGHLIN.

Part Time—THE DISTRICT AND JUBILEE NURSES employed in the following areas:—Annagry, Ardara, Arranmore, Ballybofey and Stranorlar, Ballyshannon, Bruckless, Buncrana, Bundoran, Carn-donagh, Carrigart, Clonmany, Convoy, Derrybeg, Donegal, Doochary, Drumholm, Dunfanaghy, Dungloe, Fahan and Inch, Fanad Upper, Fanad Lower, Frosses, Glencolumbkille, Gortahork and Falcarragh, Kilcar, Letterkenny, Lifford and Castlefin, Moville, Ramelton, Rathmullan and Glenvar.

Clerk: SÉAMUS Ó CEALLAIGH.

REÁMH-RÁDH.

“Tuigtear dúinn ó’n stair go raibh eólas ann leis na céadta blian ar an módh slánuighthe sin dá ngairmtear imdhíonadh gníomhach i n-aghaidh na ngalar dtógálach. Bhí an t-eólas san ann sar a raibh aon tuiscint ar cad ba bhun do ghalar dá luighead. Maidir le galar amháin díobh san, bhí an t-imdhíonadh sin dhá chleachtadh le cianta. Acht níor deineadh amhlaidh le h-aon galar eile seachas bolgach go dtí gur cuireadh eólas ar bhaictéirí agus a n-imtheachta i 1881. D’éirigh le Pasteur ’sa bhliain sin roint mhaith beithidheach do chosaint ar fhiabhras seilge, agus is amhlaidh do dhein sé ná iad d’ionghalrughadh le bachaillíní antraise marbhuighthe. Thaisbeáin sé, i 1885, éifeacht an mhódha seo profalachtachta do’n duine daonna maidir leis an ghalar thógálach ud údrophóibe, aicíd go bhfuilmíd aineólach fós ar a bhun-chúis. Ó’n uair sin i leith tá an módh sin dá chur i bhfeidhm le mór-chuid éifeachta ar a lán galar eile.”

(A Short History of Infectious Diseases.—Goodall).

Annual Report on the Health and Sanitary Conditions of the County.

YEAR 1937.

POPULATION.

Donegal, a maritime County with a deeply-indented coast-line, forms the extreme north-west corner of Ireland in the Province of Ulster. It comprises the ancient territory of Tir Chonaill together with the Inishowen Peninsula, and for administrative purposes these two ancient divisions of the County are still administered by separate Assistant Medical Officers of Health. For convenience of reference the divisions may be termed the Northern and Southern Areas. Actually, however, there is incorporated in the Northern Area (which includes Inishowen) a part of the north-western area of Tir Chonaill. For purposes of administration the dividing line between the Northern and Southern Areas may be roughly said to run from Lifford to Bunbeg via Letterkenny. At present the Assistant for the Northern Area resides in Letterkenny, while the other Assistant resides in Donegal town. This is a temporary arrangement, subject to revision by the Board of Health as, and when, required. The population of County Donegal, comprising an area of 1,193,573 statute acres, was 152,508 according to the Census of 1926. The population for the several years from 1821 to 1936 was as follows:—

1821	....	248,270	1881	....	206,035
1831	....	289,149	1891	....	185,635
1841	....	296,448	1901	....	173,722
1851	....	255,158	1911	....	168,537
1861	....	237,395	1926	....	152,508
1871	....	218,334	1936	....	142,192

The following table shows the distribution of the population according to Urban and Rural Districts and the actual and percentage decrease (or increase) in each of these districts since the previous Census was taken in the year 1911.

DISTRICT.	1911 Census.	1926 Census.	Actual Decrease (* is in- crease)	Decrease per cent. (* is in- crease)
URBAN DISTRICTS.				
Buncrana U.D. ...	1,874	2,309	*435	*23·2
Bundoran U.D. ...	2,116	1,339	775	36·7
Letterkenny U.D. ...	2,194	2,308	*114	*5·2
RURAL DISTRICTS.				
Ballyshannon R.D. ...	7,772	7,509	263	3·4
Donegal R.D. ...	19,616	16,552	3,064	15·6
Dunfanaghy R.D. ...	15,471	14,252	1,219	7·9
Glenties R.D. ...	32,800	30,081	2,719	8·3
Inishowen R.D. ...	33,837	30,545	3,292	9·7
Letterkenny R.D. ...	9,961	8,782	1,179	11·8
Milford R.D. ...	19,293	16,884	2,509	12·9
Stranorlar ...	23,503	21,947	1,556	6·6
TOTALS ...	168,537	152,508	16,029	9·5

Letterkenny, Buncrana, Bundoran, and Ballyshannon are the four largest towns in Donegal, each of the three first-mentioned having its own Urban Council for local administrative purposes, and the last-mentioned being under the control of a Commissioner appointed to administer the affairs of the Ballyshannon Town Commissioners.

The following table shows the population of certain towns in County Donegal, according to the 1926 Census.

Ballyshannon ...	2,112	Lifford ...	485
Ballintra ...	287	Laghey ...	99
Convoy ...	400	Manorcunningham ...	138
Carrowkeel (Quigley's Point) ...	96	Mountcharles ...	296
Carrick ...	400	Muff ...	142
Creeshlough ...	156	Malin ...	116
Castlefin ...	262	Newtowncunningham ...	172
Carrigans ...	187	Pettigo ...	299
Dunkineely ...	260	Ramelton ...	976
Killybegs ...	571	Rathmullan ...	508
Killygordon ...	144	Raphce ...	784
St. Johnston ...	270		

OCCUPATION.

As detailed in last year's Annual Report, the people are mainly dependent on agriculture and fishing for their support. The agricultural holdings are small, the soil mostly rocky and difficult to till, and much labour requires to be expended to ensure even a meagre return in food-stuffs. In many of the districts with a stony,

inhospitable soil, as in the Rosses and along the north-west coast, it is usual for the peasants to carry soil to their little stony patch of ground, and thus literally make their own agricultural holdings by dint of unremitting labour and industry.

Cottage industries, weaving, knitting and spinning have always been cultivated as welcome additions to a scanty revenue, while local industries such as turf, carrigeen-moss and kelp curing have been revived and encouraged by the Government in recent years.

The conditions of life are so difficult and even Spartan in these remote districts that one often wonders at the fascination such spots seem to exercise on those born within their confines. Many of the younger people are forced, by sheer hard necessity, to emigrate, but an amazingly large number of these return in later years to purchase some few unproductive acres in their native townland, and end their days among their kith and kin after many wanderings in foreign lands.

These remoter regions are naturally the home of the Gaeltacht culture, where the ancient Gaelic tongue is still the language of the people. The Language revival, by inducing large numbers of students to visit the Irish Colleges which have been set up in these districts, has also helped to bring a transient measure of prosperity to the thrifty villagers, who board out the students under supervision of the College authorities.

Whatever measures may be taken to render our people as a whole self-sufficient and to put their affairs on a sound financial basis, it will have to be borne in mind that parts of Donegal are so unproductive that tillage alone cannot provide for the elementary requirements of their inhabitants, if they are to benefit by the standards of life set up by modern civilised peoples. For this reason, the standard of living and hygiene in many of these regions is far from fulfilling modern requirements, and this is largely due to the natural poverty of the soil.

VITAL STATISTICS.

1.	Population (according to preliminary report of Census, 1936)	....	142,192
2.	Number of Births	....	2,345
	Rate per 1,000 of the population		16.5
3.	Number of Marriages	....	713
	Rate per 1,000 of the population		5.0

4.	Number of Deaths from all causes	2,182
	Rate per 1,000 of the population	15·3
5.	Number of Deaths from Tuberculosis (all forms)	128
	Rate per 1,000 of the population	0·9
6.	Number of Deaths from Pulmonary Tuberculosis	93
	Rate per 1,000 of the population	0·7
7.	Number of Deaths from other forms of Tuberculosis	35
	Rate per 1,000 of the population	0·2
8.	Number of Deaths from Influenza	219
	Rate per 1,000 of the population	1·5
9.	Number of Deaths from Cancer	173
	Rate per 1,000 of the population	1·2
10.	Number of Deaths of Infants under 1 year	121
	Rate per 1,000 Births	52
11.	Number of Deaths from Principal Epidemic Diseases	45
	Rate per 1,000 of the population	0·3
12.	Number of Deaths from Diarrhoea and Enteritis in children under 2 years of age	6
13.	Total number of Deaths from Puerperal Conditions	11
	Rate per 1,000 Births	4·7
14.	Number of Deaths from Puerperal Sepsis	2
	Rate per 1,000 Births	0·9

(Death rates are calculated on the population figures according to the Census of 1936 (unrevised).

15.	Number of successful primary Vaccinations	1,970
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BIRTHS.

YEAR.	Rate per 1,000 of the Estimated Population.	
	DONEGAL.	IRELAND.
1929	17·94	19·78
1930	17·0	19·81
1931	16·73	19·30
1932	16·4	19·3
1933	17·0	19·2
1934	16·7	19·49
1935	16·3	19·61
1936	17·8	19·6
1937	16·5	19·2

The total number of births exceeded the total number of deaths by 163. The corresponding increases for each year since 1929 are as follows (figures revised from last year's Report, as per return received from Registrar General on 10th March, 1938):—

YEAR.	Increase of Births over Deaths.
1929	497
1930	592
1931	546
1932	427
1933	537
1934	585
1935	439
1936	517
1937	163

The birth-rate, which showed a rather abnormal upward jump last year from 16·3 to 17·8, is again at a level more in accordance with the trend of recent years, viz.: 16·5. It is to be noted that this figure is higher than that for 1935, so that the general downward tendency of the birth-rate which has been a disquieting feature of recent years has apparently been checked.

The increase of births over deaths for 1937 (163) is much below the average for the previous eight years (517), as will be evident from the preceding table. This has been contributed to by two abnormal rates, namely a death-rate of 15·3 per 1,000 as compared with 14·4 in 1936, and a fall in the birth-rate from 17·8 per 1,000 of the population (1936) to 16·5. As has been pointed out, however, in a preceding paragraph, last year's birth-rate showed an abnormal upward jump, and the birth-rate for 1937 is, nevertheless higher than that for 1925, which was the lowest yet recorded for the County.

The large increase in the total number of deaths is shown, on inspection of the Registrar-General's returns, to be due to the increased number of deaths of persons aged 65 years and upwards. The figures under this heading for 1936 and 1937 are as follows:—

1936	....	1,078
1937	....	1,243

165 increased number in 1937.

Now under the heading "Number of Deaths from all causes", we find the following figures:—

1936	....	2,052
1937	....	2,182

130 increased number in 1937.

It will be evident, therefore, that the death-rate at ages lower than 65 years has decreased since 1936, which is satisfactory as far as it goes. Nevertheless, this high number of deaths of elderly people shows that they form an abnormally large proportion of the population and tends to confirm the melancholy fact that there is still a tremendous exodus of young people from our shores, seeking better conditions of livelihood in other lands.

Actually, it would appear from the unrevised figures for 1937 of the Registrar-General that the deaths exceeded the births by 158 during the first quarter of the year. It is of interest that during the same period the number of deaths registered in Eire exceeded the births registered by 1,797.

**STATEMENT SHOWING, FOR THE COUNTY DONEGAL, THE
BIRTHS, DEATHS, AND EXCESS OF BIRTHS OVER
DEATHS FOR THE YEARS 1929-1937.**

YEAR.	BIRTHS.	DEATHS.	EXCESS OF BIRTHS OVER DEATHS.
1929 ..	2,736	2,239	497
1930 ...	2,696	2,104	592
1931 ..	2,566	2,020	546
1932 ..	2,504	2,077	427
1933 ..	2,585	2,048	537
1934 ..	2,544	1,959	585
1935 .	2,507	2,068	439
1936 ..	2,594	2,077	517
1937 ...	2,345	2,182	
1st Qr. }	614	772	163
2nd Qr. }	623	552	
3rd Qr. }	603	419	
4th Qr. }	505	439	

INFECTIOUS DISEASES.

"ADVERSUS BHARÍOLAS".

Ar eagla go bhfaighfeadh na leanbhái óga bás de'n mbolgaigh, cuirtear bolgach níos séimhe isteach 'na geuileanna. Acht 'sé an rud is mó 'fhóghnann dóibh, gan aon bhaint a bheith aca leis an ghalracht. Dá bhrígh sin, seachnuighdís na rudai seo leanas do thadhall: an t-othar, a anáil, a chuid éadaigh, a leabaidh, agus aon nidh dár thadhaill sé féin, dá ghlaine é an rud sin".

(Flos Medicinæ Scholæ Salerni—11adh. aois).

The Infectious Diseases notified during the year 1937 are classified in the accompanying Table, opposite the Dispensary Districts in which they occurred.

Infectious Diseases Notifications.—Co. Donegal.

Dispensary Districts.	Tuber- culosis.	Enteric Fever.	Diph- theria	Scarlet Fever.	Puerperal Fever.
Ardara	9	—	—	13	—
Ballintra	—	—	—	—	—
*Ballyshannon	2	—	4	27	—
Buncrana	6	—	19	5	—
Carndonagh	—	—	—	—	—
Carrick	1	7	—	40	—
Castlefin	—	—	11	—	—
Churchill	—	—	—	—	—
Cloghan	3	—	—	2	—
Clonmany	—	1	—	14	—
Crossroads (Falcarragh)	1	—	18	1	—
Crossroads (Bunbeg)	2	—	—	4	—
Donegal	—	3	—	9	—
Doochary	—	—	—	14	—
Dunfanaghy	—	1	—	—	—
Dungloe No. 1	—	—	1	—	—
†Dungloe (Burtonport)	2	—	2	5	—
Dungloe (Arranmore)	7	—	—	4	—
Dunkineely	—	—	2	2	—
Fanad	4	—	—	7	—
Glenties	4	—	—	5	—
Kilderry	5	—	—	3	—
Killea	—	—	4	26	—
Killybegs	—	—	—	—	—
Killygordon	—	—	2	8	1
Kilmacrenan and Milford	—	—	—	2	—
Laghey	—	1	—	1	—
‡Letterkenny	6	81	2	2	—
Malin	—	—	—	6	—
Manorcunningham	2	—	1	2	—

Infectious Diseases Notifications.—Co. Donegal. Continued.

Dispensary Districts	Tuber- culosis.	Enteric Fever.	Diph- theria.	Scarlet Fever.	Puerperal Fever.
Moville	2	—	—	36	—
Pettigo	—	—	—	17	—
Ramelton	—	—	4	—	—
Raphoe	2	—	—	1	—
Rathmullan	—	—	—	3	—
Rosguill	—	—	1	—	—
Stranorlar	1	4	9	1	—
Tanatallon	—	4	—	2	—
TOTAL	59	102	80	262	1

*1 case of Acute Anterior Poliomyelitis occurred in this District.

†1 case of Meningitis occurred in this District.

‡4 cases of Dysentery occurred in this District.

Typhoid Fever.

The year 1937 was remarkable for a large epidemic of typhoid in England, namely that at Croydon (420 cases, 42 deaths). Donegal, unfortunately, suffered in a somewhat similar manner, as there was a minor outbreak of the disease in the County Home, Stranorlar (4 cases, no deaths), and a rather extensive epidemic in the Mental Hospital, Letterkenny (79 cases, 10 deaths).

The outbreak in the Mental Hospital was presumably due to a patient who was an active carrier, and who was not discovered until some weeks after the disease had started. Despite the proximity of the Mental Hospital to the town, and notwithstanding that the attendants who live in the town went to and from their work each day, no case of typhoid arose in the town during the whole course of the epidemic in the Institution. The following report submitted to the Department at the time summarises the chief points of interest in the outbreak:

“The thirteen cases of typhoid fever referred to in your letter of 15th instant have occurred in the Mental Hospital, Letterkenny. It would appear that a few of the patients had already had attacks of “diarrhoea” some weeks previously. These cases, when examined in the light of later typical cases of enteric, were found to have positive widal reactions. Presumably they were the first cases of the outbreak. On receipt of telephonic notification in the first instance, I immediately visited the hospital, and inoculated the Resident Medical Superintendent and all his family with T.A.B. vaccine. The patients and staff have all been inoculated since then. The temperatures of all the inmates have been taken daily since

the disease started, and if any patient shows a rise of temperature he is isolated, and blood samples sent for culture of typhoid organisms. I recently inspected all the patients. They have been isolated in separate wards (male and female), and, though rather overcrowded, are being carefully supervised.

As you have probably been advised by the Resident Medical Superintendent, one of the inmates has been found to be an active carrier, typhoid bacilli having been isolated from his faeces and urine. It is possible that this man has been the 'fons et origo' of the outbreak. He has been isolated. One case of typhoid fever, notified on the 16th October, 1937, had previously occurred in a girl living in Letterkenny. I do not think, at present, that there is any evidence to connect her with the institutional cases, especially in view of the detection of an active carrier in the hospital.

A further complicating factor is introduced by the bacteriological reports on the hospital water supply, which Dr. Kearney has forwarded to you. The water is evidently contaminated with sewage in some as yet undiscovered manner. Since the inception of the epidemic all water and milk in use in the institution have been boiled. The bacteriological report on the milk was very unsatisfactory. One 'wet' milker has now ceased to have any connection with the milk.

Dr. Kearney has been most energetic, and has dealt with the disease in a very satisfactory manner. He has been most co-operative, and ready to adopt any suggestions put forward.

The bacteriological reports on the water supply are very disquieting in view of the fact that the two reservoirs tested are those which supply the town of Letterkenny in common with the Mental Hospital. The Engineers to the Board of Health have been actively investigating the source of pollution, but with no definite result, so far, according to my information. You will already have received a copy of a communication which I have addressed to the Letterkenny Urban Council on the question of the grave water shortage in the town. I would be glad if the Department would take every means to make the Urban Council realise the urgency of the position.

The position as regards the epidemic to-day is as follows:—

45 cases verified by blood examination.

20 cases awaiting verification.

1 carrier.

All these have been isolated.

No case has occurred to-day, and there was only one new case yesterday, showing a mild rise of temperature. Previously, the cases had been falling ill in batches of five, six, and seven daily.

As all contacts have now had two inoculations of T.A.B. vaccine, it is possible that the outbreak is practically terminated.

18th November, 1937".

The bacteriological analysis of a sample of water from a house-tap in Letterkenny not proving satisfactory, the following letter was sent to the Clerk of the Urban Council, Letterkenny:

29th November, 1937.

The Clerk,

Urban District Council,

Letterkenny.

A Chara,

In view of the present outbreak of typhoid fever in the Letterkenny Mental Hospital, coupled with the grave shortage of water in the town, there is an ever-present risk of typhoid fever starting in the latter. Accordingly, it seems advisable to acquaint the public with the following elementary precautions for their own protection:

1. All milk and water should be boiled for the present. This is a simple precaution, but should prove of great service in preventing any cases arising in Letterkenny town and its environs.

2. Food should be handled as little as possible.

3. Food should be protected from flies.

4. The hands should be washed always immediately after using the lavatory. (Typhoid germs live in excreta).

5. The hands should always be washed and scrubbed before handling food, whether for oneself or for others. (During an epidemic a certain number of persons may become infected without suffering).

6. Bread and bought cakes, if not wrapped, should be baked again lightly or toasted.

7. Butter, margarine, and cheese should be purchased only in packets.

8. All meats, except tinned meats, should be cooked at home.

9. Bought salads, if eaten at all, to be washed thoroughly, soaked in weak chlorinated water (Milton may be used) for an hour, and washed thoroughly again in boiled water.

10. No food to be eaten out of the house unless it is known that all these precautions are being taken conscientiously.

Is mise, le meas.

M. S. BASTABAL,

County Medical Officer of Health.

As the local traders felt that the English papers were unduly magnifying the whole affair and falsely suggesting that the town of Letterkenny was in the throes of the epidemic, a public meeting was called, at which some speakers took exception to the publication of the above precautions.

The following further letter, addressed to the Press on the 4th December, 1937, is self-explanatory :

4th December, 1937.

A Chara,

As it appears that the purport of my remarks anent precautions against the possible onset of typhoid fever in Letterkenny have been misconstrued, I gladly make the following additional statement :

At the outset, I would emphasise that the town of Letterkenny, in the matter of infectious disease prevalence, and of typhoid fever in particular, has a record of which it may well be proud. As a concrete instance of this, the Public Health Department has records of only three cases of typhoid fever in Letterkenny during the past two years, although the fever hospital, in close proximity to the town, has housed a fair number of cases of typhoid fever during this period. That is a record which challenges comparison with that of any comparable town in Great Britain or Ireland, and I am very pleased to be able to bear witness to this fact. It is, incidentally, a very striking tribute to the excellence of the water supply during those years. I can see no valid reason why the trade of the town should suffer as a result of the typhoid epidemic in the Mental Hospital, which Dr. Kearney and his staff have succeeded in limiting entirely to the confines of the institution. The matter has, unfortunately, been given a great deal of mischievous publicity in a section of the British Press for reasons which we can only surmise.

It should be perfectly clear from my previous communication that there is no typhoid fever in the town of Letterkenny, nor, as I am pleased to be able to testify, has any case of the disease arisen during the whole course of the outbreak in the Mental Hospital. This is a matter for congratulation and a tribute to the efficiency both of the Medical Staff of the Mental Hospital and of the local M.O.H. As was justly emphasised at a meeting of the business people of the town, the Mental Hospital is without the Urban boundary, being situated about a mile from the town. My idea in publishing a list of precautions to be observed was to try and ensure that the above happy state of affairs as regards the health of Letterkenny town should continue. Apart altogether from the outbreak in the Asylum, any grave water shortage is apt to cause uneasiness to the Public Health Department as such shortage is favourable to the spread of epidemic disease, should such arise. The modern idea of Public Health is prevention rather than cure, and it was in the earnest hope that the excellent health conditions in Letterkenny may be maintained at their present high level that I was prompted to advise the precautionary measures outlined in my first letter. While the water shortage persists, many people will inevitably draw on extraneous sources for their supply. Some of them may be so ill-advised as to draw water for domestic use from disused springs and surface wells of doubtful purity. It would be a matter for great regret if such persons were not warned of the danger to the whole community inherent in non-observance of the precautions outlined.

In conclusion, may I repeat that I see no reason whatsoever why any restriction of trading arrangements with the town of Letterkenny should arise. The health conditions there are excellent, and as far as one can judge, are likely to remain so. The publication of the precautions set out in my first letter to the Press was merely "to make assurance doubly sure", in the endeavour to forestall the possibility of any fever outbreak, however remote.

Is mise, le meas,

M. S. BASTABAL,

County Medical Officer of Health.

The origin of the four cases in the County Home, Stranorlar, was not definitely ascertained. It seems very probable, however, that the disease was communicated to one of the inmates in the first instance by a vagrant who stayed only one night in the Home, and could not afterwards be traced. The presumption is that this vagrant was a healthy carrier.

It may serve a useful purpose to re-state the following remarks already embodied in my monthly report to the Board of Health for February, 1937 :

“The outbreak of Typhoid Fever in the County Home, Stranorlar, seems to have terminated, as no further cases have been reported since 2nd February, 1937. There were four (4) cases in all, starting from December, 1936.

In connection with this outbreak, it may not be amiss to recapitulate some of the more salient points regarding Typhoid Fever (or Enteric Fever), from the public health point-of-view. Firstly, it is well to emphasise that the disease is not of celestial origin, except in so far as all things human may be considered such. On the contrary, it is very much “of the earth, earthy”. Secondly, the theory of the spontaneous generation of this disease (in common with all others) has been disproved as long ago as the eighties of last century, yet it is not uncommon to find intelligent people in this Country still clinging, often in the face of indisputable evidence, to this mediaeval superstition.

Briefly stated, Typhoid Fever is caused by a certain tiny organism, the “*bacillus typhosus*”. The only way in which this microbe can cause Typhoid is by being swallowed, usually in large numbers, in some article of food or drink. This is a very important fact for the public to grasp. It may be asked where, then, do these contaminating microbes come from in the first instance? The answer is that the bowel excretions and the urine of patients suffering from Enteric Fever are swarming with the deadly organisms. A further cause of spread of the disease is that a certain small percentage of those who recover from the acute infection continue to excrete organisms for many months or even years. Such people, though in good health themselves, are known as ‘carriers’. They are always a potential source of infection, either by fouling water-supplies or by neglecting to wash their hands carefully each time after excretion. It is therefore to be noted that “the single important source of Enteric infection consists in typhoid (or paratyphoid) bacilli which are living or proliferating within the bodies of infected persons; and that the whole problem of prevention, neglecting for the moment the possibility of active immunisation, consists in stopping the various routes by which the bacilli may pass from the intestine or kidney of one individual to the mouth of another”.

Among the common causes of epidemics are food, water, milk, ice-cream, and shell-fish (particularly oysters). Human hands are probably the commonest vehicle in conveying enteric bacilli to food. The common fly, however, may be of considerable importance as a carrier, when allowed access to infected

excreta. The fly becomes infected itself by feeding on this material, and excretes the bacilli over several days from its own intestinal canal. The importance of keeping flies from gorging on our food supplies is evident, as these insects, in common with many others, have the disgusting habit of defaecating frequently while eating, and thus heavily infect the food. The danger attendant on the existence of dry privies in a community will likewise be evident, especially if in an unsanitary condition.

The main lesson to be learned from these facts is that the disease can be reduced to negligible proportions by observing those general methods of sanitation which ensure the safe disposal of excreta, and an adequate supply of unpolluted water.

Those persons who have been unfortunate enough to be in contact with cases of Enteric Fever should be immunised with Anti-Typhoid Vaccine immediately. This procedure will protect them from infection if given early enough. In view of the extreme infectiousness of the disease, patients should be immediately removed to hospital. Here the greatest care is taken by the hospital staff to prevent further infection. All the excretions are mixed with 1-20 carbolic and retained for some hours in a special flushing apparatus before being discharged into the sewage system. All the soiled linen and bedclothes are likewise left soaking in a tank of carbolic for six to twelve hours, while the nurses and attendants take the greatest care in washing and disinfecting their hands and person after each contact with the patient. Finally, chronic "carriers" are told of their condition before leaving hospital. They are warned that they should not engage in occupations connected with the handling or preparation of food. It is likewise advisable that their soiled linen should be boiled or otherwise disinfected before being sent to the laundry, as otherwise the laundry operatives might easily be infected."

The following are particulars of the number of cases of Enteric Fever for each year since 1930 in Donegal County :

YEAR.	Number of Cases.	Number of Deaths.
1930	75	10
1931	51	5
1932	24	4
1933	46	9
1934	39	2
1935	42	1
1936	10	2
1937	102	13

Typhus Fever.

No cases notified since 1931. This is a "dirt disease", so called because the agent of infection is generally the body-louse. This parasite cannot flourish except where cleanliness of body and clothing are neglected. "No lice, no typhus" is a fairly safe generalisation, though sporadic cases may arise through these parasites conveying the infection by means of imperfectly-disinfected secondhand clothing. It is not unimportant to remember that typhus was one of the great killing fevers up to comparatively recent times, and that it is still responsible for many deaths in some European countries where the standards of cleanliness and general civilisation are still rather primitive. During the years immediately following on the Great War millions of people in Russia, Poland and Roumania were stricken by this dread disease, whose mortality rate varies from 10—50 per cent.

Scarlet Fever.

As remarked on in former reports, the number of notifications (262) bears no significant relation to the actual number of cases that occurred. The disease was very widespread again this year, and of a very mild type. There were ten deaths altogether, and this must represent a very small percentage of the total number of cases. Many of these are so mild that medical aid is not summoned, and these cases, both while in the active and in the convalescent stages, serve to disseminate the disease. The actual infecting agent is believed to be a tiny organism (*Streptococcus Scarlatinae*) which settles in the throat, and is exhaled in the breath of infected persons. Like most respiratory infections (e.g. influenza and whooping-cough) it is apt to spread very widely and very rapidly. Prompt removal of even the majority of patients to hospital is impracticable in many epidemics, and in any case the utility of this measure for limiting the spread of infection has been much questioned of recent years. A sore throat may be the only symptom in a mild case, and thus a child may be attending school during the whole course of his attack of Scarlet Fever. The mildness of the individual attack, however, bears no relation to the infectivity of the person affected, so that the mild case attending school, and complaining of nothing beyond a sore throat and general indisposition during his illness, is liable to infect all his susceptible classmates, and even cause them to exhibit the classical signs of *Scarlatina*. These are fever, vomiting, headache, sore throat, scarlet tongue and (after some days) the typical scarlet-red rash all over the body. It is difficult to bring oneself to realise that a mild case of scarlet fever may show no sign of the "scarlet" rash which originally gave its name to the disease. It is well, however, to bear in mind that such can be, and very often is, the case, especially in widespread epidemics. A certain percentage of those who recover from the disease may be styled "carriers", as the infecting organism persists in their throats for varying periods (usually weeks) after

recovery. These carriers feel quite well and their throats may look quite normal on inspection. A bacteriological swab will serve to reveal the latent organism.

Diphtheria.

Eighty cases with eight deaths, or a mortality rate of 10%. This is a high mortality, and a high incidence of what should be an entirely preventable disease. Actually it is one of the only three principal epidemic diseases that can be definitely prevented. Unfortunately, however, it still claims its yearly victims largely owing to public apathy and prejudice. This is all the more surprising when one reflects on the fatal character of the disease with its incidence largely in the first ten years of life. Even when a child has actually taken the disease, he has every chance of being cured, if treatment is provided in time. Diphtheria, again, is one of the few diseases for which a curative serum is available, but it must be given early in the disease in order to exercise its full value. The serum is generally known as "antitoxin", and it cannot be too strongly emphasised that the effectiveness of serum therapy depends upon its earliest possible employment. The evidence is overwhelming that by far the most important single factor in the success of treatment with antitoxin is the time factor. "Every hour, every minute of delay—and this is not a figure of speech—is damaging. If the amount of toxin (in the blood) is near the lethal dose, life itself is at stake". (Schick).

There are two points which it is important for teachers and parents to bear in mind:

- (1). Diphtheria, in the early stages, may appear to be a very mild infection.
- (2). It is considered that children with nasal diphtheria are the commonest sources of infection, particularly in schools and hospital wards.

In no disease is the "carrier" problem more important. A child with nasal diphtheria may mix for weeks with other children before the real nature of the blood-stained, yellowish discharge from the nostrils is determined. From the discharge, virulent diphtheria bacilli may be recovered in almost pure culture. The discharge, which is irritative, frequently gives rise to sores about the nostrils or on the face. These sores are intractable unless their real nature is discovered and diphtheria antitoxin injected.

A re-orientation of the knowledge of the general public concerning this disease is very desirable, as indeed it is in the case of many of the infectious diseases. The old, erroneous idea that badly-functioning drains and sewers can of themselves cause

diphtheria is still widely held, and the belief is difficult of eradication. For that reason alone it is well to reiterate that diphtheria is caused by an infecting organism (*Bacillus diphtheriae*), which multiplies in the throat (or nose) of an infected person. The breath and nasal discharges of such persons are highly infective, and will cause further cases of the disease. As in the case of Scarlet Fever, a certain proportion of those who have recovered or are convalescent from the disease still harbour the infecting organisms in their apparently healthy throats, so that they are often the innocent and unsuspecting agents of infection, when they come in contact with persons who have not yet had the disease. For this reason, diphtheria patients, even when quite recovered, are not now discharged from hospital until three consecutive swabbings of the throat have revealed no harmful organisms present.

Thus the disease spreads from some infected person in the first instance, in the breath or in the nasal (or aural) discharges. The infected person may be suffering from active disease or may be a healthy "carrier". Diphtheria cannot arise from inanimate objects, unless they have been contaminated by infected material. Thus a school-child with virulent diphtheria organisms in its throat may suck a pencil and thereby contaminate it. Another child putting this pencil in his mouth may, as a result, contract the disease. To sum up, the *Bacillus diphtheriae* must find a lodgment in the throat or nose of its victim before the latter can be infected. The source of infection is an already infected person or a "carrier".

Immunisation Against Diphtheria.

The discovery of a means of preventing diphtheria has been one of the epoch-making discoveries of medicine in this century, and is capable of conferring as much benefit on humanity as the discovery of "vaccination" against small-pox by Jenner in 1796. The principle is very similar in both procedures. By injection of very small amounts of the modified toxin of the disease, the body tissues are stimulated to manufacture the precious "antitoxin" which prevents the disease from taking any hold on a person. In the case of diphtheria, two injections at least are considered necessary to ensure full immunity. Thus for the trifling discomfort of two practically painless injections children are protected from the ravages of a malady which killed ten out of the eighty children who contracted the disease in County Donegal during 1937. An outbreak which started in Stranorlar in August and seemed likely to spread, was met by an immunisation scheme for the several areas involved. As a result of this policy the disease was unable to establish itself in any of these areas, so that the number of cases notified began to decrease rather rapidly. The abnormal incidence thus lasted only for a month, whereas it had all the appearance at first of expanding into an outbreak of epidemic proportions. It has been found, as a result of testing by the Schick method, that one injection of toxin does not give consistently good results, so

that it was decided in January, 1938, to employ two injections for the future in order to ensure that a high percentage (90—100%) of those immunised were rendered safe from the disease. This experience has been borne out by experimenters working with much larger (and, therefore, more statistically accurate) numbers of children. Those children who, as a result of the Schick test, were found to be still susceptible to diphtheria have been re-injected whenever it has been found possible to do so.

The total number of children immunised by the "one-shot" (i.e. one injection only) method during 1937 (4,523) is given in the following table, according to districts:—

Name of District.			Number Immunised.
Ballyshannon	...	...	469
Castlefin	...	...	560
Cloghan	...	...	554
Cross Roads (Falcarragh)	...	...	1,134
Killea	...	...	644
Killygordon	...	...	370
Stranorlar	...	...	792
TOTAL			4,523

HOUSING.

The housing of labourers in Donegal has been much impeded by the rise in price, and consequent scarcity of building materials. The smaller contractors who would, in normal times, be glad to undertake the erection of two to six labourers' cottages are now unwilling to take the risk of fulfilling a rather rigid contract with the possibility of making very little or no profit, or even suffering an actual loss on the undertaking. This year several of these smaller contracts had to be advertised more than once in each case, and in some instances, when no contractors could be induced to apply, the cottages had to be built by direct labour recruited from the district. This procedure has been found to be much more expensive, and consequently tends to raise the rent of cottages completed in this manner.

Thus the provision of houses for persons of the working classes in County Donegal has not progressed in as satisfactory a manner nor at such a rate as in other Counties. It is obvious, however, from the foregoing remarks that the delay has been due to unavoidable causes, and it is only fair to say that the Board of Health are both willing and anxious that a sufficient number of labourers' cottages be erected so as to satisfy completely the needs of the County.

Buncrana.

In a letter dated 3rd May, 1937, Mr. W. J. Doherty, Architect, reported as follows to the Buncrana Urban District Council:

"I submit herewith Maps and Schedules for the Clearance Orders, Schedules of houses for Repairs, and Schedule of persons living in overcrowded houses.

It will be observed that 90 new houses will be required, including 50 to replace houses in Clearance Areas, 11 houses which may be subject to demolition, and 29 to provide for persons at present living in overcrowded conditions.

Your Council has in hands already 12 three-roomed houses and 16 four-roomed houses, and these, when completed, can be used to fill the needs of the persons affected by these proposals for clearance, demolition and overcrowding. This leaves the estimated number of houses still to be provided at 62, and in regard to type, I suggest 27 three-room and 35 four-room.

There is accommodation in the Castlefield site for 42 additional houses.

The Park Avenue and Townsend Street sites, if acquired, as well as cleared, would accommodate 16 houses and 4 houses respectively".

The Park Avenue site referred to in the above letter contains 27 houses, all in a marked state of disrepair. While they are capable of being renovated, it is doubtful if the owner will be prepared to lay out the considerable sum of money required to make them habitable. If not, they will require to be demolished.

With regard to the site in Townsend Street, this contained seven houses, on which the following report was submitted to the Urban Council in June, 1937:

"We are of opinion that numbers 1 to 4 are unfit for human habitation and incapable of repair at a reasonable cost. We, accordingly, advise that they be demolished. Numbers 5 to 7 (inclusive) we consider could be rendered fit for habitation at a reasonable cost. Accordingly, we advise that steps be taken to see that they are properly repaired.

This report, comprising detailed inspections of seven houses, should be considered as supplemental to our original report on housing conditions in Buncrana, and made part thereof".

The original report referred to is published in full in last year's annual report.

The 28 houses on the Castlefield site were completed in June, 1937. Owing to certain technical points in dispute between the Urban Council and the Local Government Department, these houses, which are very badly needed, have not yet been allocated, and are consequently still untenanted. This is very unfortunate, as it has tended to hold up any further building activities for the present, and has provoked a good deal of local criticism. It is earnestly to be hoped that the points at issue will soon permit of a satisfactory settlement, and thus allow the occupation of these cottages to be proceeded with. The Council would then be able to concentrate on the building of the further houses required to alleviate overcrowding and allow of the demolition of those insanitary dwellings still requiring to be dealt with, as outlined in last year's report. On reference to the latter it will be seen that it was recommended:

"As a result of our survey we are of opinion that a further 2 houses are required to satisfy the immediate demands of persons who are occupying insanitary dwellings which are incapable of repair, and that 32 houses are needed to accommodate persons who are living in overcrowded houses, making a total of 34 new houses. In addition to these, as we have already indicated, the insanitary condition of 37 houses in bad repair should be immediately ameliorated".

None of these recommendations has, so far, been acted upon.

Lastly, in the official Housing Report of 1936 reference was made to "the terrible condition of the common passage at the rear of the houses in Park Avenue". This passage abutted on the open yards of the houses mentioned, and had evidently been made a dumping-ground for all kinds of house and animal refuse, despite the fact that each yard was provided with a covered concrete rubbish container. The tenants complained that they would have to pay for the removal of the rubbish from these containers, and evidently did not consider it part of their duty to do so. In view of this attitude it was recommended that the Urban Council should take over the scavenging of the town. This suggestion has, unfortunately, not been accepted. Meantime, however, the owner of the passage was compelled to clean it up, and it is now in a satisfactory condition. The tenants, nevertheless, still maintain that they should not be compelled to pay individually for the removal of refuse, so that there is every possibility of the same insanitary condition arising at a later date when the civic conscience on sanitation generally has again relapsed into torpor.

Bundoran.

The following "Official Representation", dated 4th February, 1937, was sent to the Bundoran Urban Council:—

"In accordance with your request, we made a joint survey of the housing conditions in Bundoran, on the 19th and 20th November, 1936. We had before us your instructions to

examine and report on 16 premises and 1 caravan, particulars of which were supplied to us by the Town Clerk. We submit hereunder a report giving details of the inspection.

In addition to the premises mentioned above, we have included others to which our attention was directed during and after our survey, making in all 14 occupied houses, 4 derelict houses and 1 caravan, totalling 19 premises.

Regarding the 14 occupied houses, we are of opinion that these are unhealthy dwellings, unfit for human habitation, and that statutory proceedings should be taken to have them either demolished or closed. The derelict houses should be cleared and the sites left in a sanitary condition. We consider that the caravan is an unhealthy dwelling.

M. J. BASTIBLE.

W. J. DOHERTY".

On the 10th August, 1937, the following report was made on two derelict sites proposed to be acquired by the Council under a Compulsory Purchase Order :

" I inspected the sites at Bundoran mentioned in your letter of 14th ultimo, and I am of opinion that they are very suitable for building on. They are on the main street, have a good frontage, and are very convenient to water and sewage mains. The land at the rear of the sites should be purchased as well, so that gardens may be provided for the proposed new dwellings.

Details of Sites : 'The two derelict sites in the East End, Bundoran, and numbered respectively 15 and 14 on the map furnished by Mr. Doherty, Engineer, and included in the joint report of the Engineer and County Medical Officer of Health'.

Twelve houses provided under the Housing (Miscellaneous Provisions) Act, 1932, were completed in 1937, and are now occupied by tenants, seven of whom were transferred from houses reported as "unfit". Proposals for additional houses have not yet been made by the Council.

Letterkenny.

As a result of several objections to the Demolition Orders and Clearance Orders recommended in the Housing Survey of 1936, an official sworn inquiry was held in the Courthouse, Letterkenny, on September 21st, 1937. Mr. McGilligan, B.L., for the tenants argued that the Housing Acts were never intended to apply to

small lots of houses in country towns and held that it would be a great hardship to enforce these provisions in the case of poor people owning their own homes, or even in the case of those landlords possessing only one or two houses. There is, undoubtedly, a certain amount of hardship involved in some of these cases, but as the law stands at present such hardship seems to be unavoidable. It is, of course, almost inevitable that all new constructive legislation will bear somewhat harshly on certain classes of the community, for the reason apparently that no Government will be willing to contemplate with equanimity the expenditure of the huge sums of money which would be required to compensate the unlucky victims of some new policy ultimately destined to cause the greatest good of the greatest number. The same difficulties have arisen in England and Scotland, and there, again, the potential financial burden of compensation has prevented any readjustment of individual hardships.

The result of the Sworn Inquiry has not yet been officially promulgated, so that no actual constructive building work has yet been started in Letterkenny. This is rather unfortunate, as there has been an acute housing shortage in the town for some time owing to the almost complete lack of building activities, either public or private, during recent years.

The present great housing drive of the Government has, unfortunately, coupled with the ban on foreign materials, caused a great increase in the price of labour and materials, with the result that private speculators are not willing to undertake the erection of better-class dwellings, in spite of the very urgent demand for them. Furthermore, contractors for cottages under the Housing Acts have experienced great difficulty and long delay in obtaining slates for cottages, even when the supplies had been ordered and paid for months before.

County Health Area.

I am indebted to the Secretary of the Donegal County Board of Health and Public Assistance for the following statement re Labourers' Cottages:—

- (1). 153 cottages were completed during the year.
- (2). 54 cottages were in course of erection at the end of December, 1937.
- (3). No houses were demolished during the year.
- (4). A Compulsory Purchase Order was made for the acquisition of sites for 507 cottages, but the Public Local Inquiry to confirm this Order has not yet been held.

General Housing.

There is one other important point which still requires emphasizing. It has happened again and again that when tenants have left a condemned house, the latter has immediately been re-occupied by persons wishing to use it as a stepping-stone for obtaining one of the new cottages. It has been urged on the Board of Health to take all the necessary steps to prevent such exploitation of their re-housing efforts. If this procedure was condoned it would merely stultify the provisions of the Housing Acts. The special committee of the Board of Health who deal with applications for cottages have decided to rule out automatically all applications from persons residing in condemned dwellings from which former tenants have previously been granted cottages. It is, perhaps, just as well that this decision should be widely known, as otherwise certain persons might be inclined to waste their time and energy in ventilating imaginary grievances.

Housing (Gaeltacht) Acts.

I am indebted to the Roinn Tailte for the following information in regard to the working of the Housing (Gaeltacht) Acts in Donegal:

(1).	Number of applications for grants available under above Acts	....	....	3,584
(2).	Number of applications granted		....	1,963
(3).	The amount allocated for above		£148,101	15 0
(4).	The amount paid	....	£80,896	2 3

With regard to (2) above, there are 459 cases in which the work was not proceeded with, and the amount allocated for these was accordingly withdrawn. The net result was, therefore, that 1,504 cases were sanctioned, and for these £113,538 was the sum allocated.

The above information covers the period from the passing of the Housing (Gaeltacht) Act, 1929, until 31st December, 1937.

Housing (Inspection of Districts) Regulations, 1936.

These have been complied with in the Urban Districts of Letterkenny, Bundoran and Buncrana. A list has also been prepared for the town of Ballyshannon. Apart from these, the principal towns in the County, no lists of unhealthy houses have as yet been prepared for the several dispensary areas, though most of the worst houses are being dealt with under the Housing Acts. The Board

of Health are, however, having a Schedule printed for the information of Dispensary Medical Officers of Health, and it is proposed to request the latter to inspect their districts in accordance with the requirements of the above Regulations.

TOWN SANITATION

During the year, further progress has been made in carrying out the comprehensive programme which the Board of Health and Public Assistance has undertaken to provide water supplies and sewerage schemes for towns and districts in the County Health area.

In Ballyshannon, a sewerage scheme for the north side of the town was carried to completion, and is functioning satisfactorily, whilst Plans and Specifications were prepared and approved, and a State grant allocated for a sewerage scheme for the south side. Part of this portion of the town is below river level, and it is not possible to drain it by gravity to tidal waters direct. In consequence, a sewage lift will be installed to convey the sewage across the river to the north side scheme, where provision has already been made for linking it up.

Ballintra water supply, taken from Lough Glen to the town, and provided with open sand filters, was started, and was completed except in regard to matters of detail, at the end of the year, at a cost of £3,690.

In Donegal town, the new pressure type filters were commenced and carried to completion, costing £1,134. These have made a very great improvement in the water.

A contract for a new reservoir for Donegal town was also commenced, value £985, and was in progress at the end of the year.

At St. Johnston, a much-needed public water supply was commenced, and was duly completed, at a cost of £3,600. The water was formally turned on to the town by Captain J. Scott, County Councillor, at an interesting ceremony, which was also attended by Mr. Edward Gallen, Chairman of the Board of Health and Public Assistance, and Major Myles, T.D., Chairman of the Water Committee of the Board.

The laying of a new trunk main of asbestos cement pipes was started in Milford to replace an old cast iron pipe which had become heavily encrusted during its some 35 years' service. The cost is £750.

A half-mile extension of the Carrigart water supply to the Teehnieal Schools was completed, at a cost of £415.

One well was completed at Porthall, costing £58. It is proposed to proceed with further wells in this district.

Several other schemes for water supplies and sewers were promoted during the year, the necessary Plans being prepared, and negotiations were progressing for the acquisition of the required lands and rights.

In the Letterkenny Urban District, Distribution Water Mains were re-laid at a cost of £4,500. A stream which takes the sewage from the outfall to the river was cleaned by the Council at a cost of £200. The Council had also under consideration the question of re-laying a new sewer.

SLAUGHTER OF ANIMALS ACT, 1935.

The object of this Act is to provide for the proper treatment of animals in slaughter-houses, the humane slaughter of such animals by means of approved instruments, and the licensing by the Sanitary Authority of persons using such instruments.

In a circular issued in June, 1937, the Ministry pointed out that the Act was already in operation in Dublin County Borough and in Dun Laoghaire Borough, and fixed the 3rd August, 1937 as the day on which the Act is to come into force in the remainder of Saorstát Éireann.

In accordance with the provisions of Section 3, the Act will not become effective in any County Health District or portion thereof until an Order is made by the Minister conferring on the Board of Health the power of regulating the slaughter of animals.

For the implementation of the Act the following documents, obtainable through any bookseller, have been issued by the Ministry:—

Slaughter of Animals Act, 1935.

Slaughter of Animals (Approved Instruments) Order, 1936.

Certificates of Suitability (8 types of approved instruments).

Slaughter of Animals (Slaughter Licence) Regulations, 1936.

It is hoped to have the machinery of this Act set in motion early in 1938. The first step necessary will be the application by the Board to the Minister asking him to make an Order conferring on the Board the power of regulating the slaughter of animals in the County Health District.

“It shall be the duty of every sanitary authority of an area in which this Act has effect to exercise the powers vested in them by this Act and to carry out and enforce the provisions of this Act in such area”.

The Act applies only to cattle, sheep, goats, pigs, horses, asses and mules. The requirement as to the use of an approved instrument contained in Section 15 will not apply to pigs except where otherwise laid down.

Section 15 of the Act requires that, except in specified cases, animals in slaughter-houses are to be slaughtered or stunned by an approved instrument, used in the approved manner.

The Act will place on the Board the new duty of licensing slaughtermen. A licence may be granted to any person over 18 years of age, provided that the applicant is considered to be a fit and proper person to hold a slaughter licence. It is important to note that a licence, once granted, is valid for a period of one year from the date of issue subject to revocation or suspension. Only one licence may be held at any one time.

The licence fee has been fixed at 5/-. Every application to a sanitary authority for a slaughter licence shall be accompanied by the prescribed fee and the payment of such fee to such sanitary authority shall be a condition precedent to the entertainment of such application. Where an application for a licence is refused, the fee shall be repaid to the applicant by the sanitary authority immediately upon such refusal.

Any member of the Garda Síochána may enter any slaughter-house in an area in which this Act has effect whenever an animal is being slaughtered or any carcase is being dressed therein or at any other reasonable time, and any duly authorised officer of a sanitary authority may at any such time as aforesaid enter any slaughter-house for the following purpose:—

- (a). To inspect such slaughter-house, and all animals and carcases therein.
- (b). Observe all or any of the processes used in the business carried on in such slaughter-house.
- (c). Demand from the occupier the name and address of the person by whom any animal is about to be or is being or was slaughtered in such slaughter-house.

- (d). Demand of any person in such slaughter-house whether he does or does not hold a slaughter licence, and if such person states that he holds a slaughter licence, demand of him the production of such licence or, if such person states that he does not hold a slaughter licence demand of him his name and address.

It shall be the duty of every occupier of a slaughter-house:—

- (a). To provide a sufficient quantity of wholesome drinking water for the use of the animals in such slaughter-house, and
- (b). To supply to every animal which is kept in such slaughter-house for any period exceeding one hour a sufficient quantity of wholesome drinking water, and
- (c). To supply to every animal which is kept in such slaughter-house for any period exceeding twenty-four hours a quantity of suitable and wholesome food sufficient to satisfy the reasonable requirements of such animal.

No person, unless he is a registered veterinary surgeon or the holder of a slaughter licence for the time being in force, shall slaughter any animal in a slaughter-house. (Penalty, £10 for a first offence).

No slaughter licence shall be issued to a person who has not attained the age of eighteen years, and every slaughter licence issued in contravention of this sub-section shall be void and of no effect.

Whenever a slaughter licence is revoked under this Act, the holder of such licence shall, within seven days after the fact of such revocation has been communicated to him or has come to his knowledge, deliver such slaughter licence to the sanitary authority by whom it was issued.

The Minister may by order make regulations for all or any of the following purposes, that is to say:—

- (a). prescribing the procedure of sanitary authorities in relation to the issue of slaughter licences;
- (b). prescribing the registers and records to be kept by sanitary authorities in relation to slaughter licences;
- (c). the communication by sanitary authorities to other sanitary authorities of particulars of the slaughter licences issued by such first-mentioned sanitary authorities and of the revocation and suspension of such licences;
-

- (e). the prevention of the issue (otherwise than by way of renewal) of a slaughter licence to a person who already holds a slaughter licence.

It shall be the duty of every sanitary authority to whom regulations made under this section apply to carry out in all respects such regulations and to perform the duties imposed on them by such regulations.

Whenever an order is made by the Minister to confer on a Board of Health the power to regulate the slaughter of animals, the following provisions shall have effect, that is to say :—

The Board of Health of the County Health District to which or to portion of which the said order applies shall, in addition and without prejudice to the power to make bye-laws conferred by sections 125 to 131 of the Towns Improvement Clauses Act, 1847, have power to make bye-laws in respect of the whole or any portion of the said area to which the said order under this section applies, for :

- (a). securing the decent and seemly conveyance of meat through public thoroughfares,
- (b). the inspection of meat to be sold for human consumption, and,
- (c). prohibiting the sale for human consumption of meat which has not been inspected in accordance with such bye-laws.

SLAUGHTER-HOUSES AND MEAT SHOPS.

The conditions as regards slaughter-houses and meat inspection at present are such that it will probably require much and unremitting propaganda before they attain a satisfactory standard from the viewpoint of the sanitary officer. The following remarks, copied from last year's report, are sufficiently apposite to warrant reiteration :

The fact that meat from the carcasses of tuberculous cows is liable to give rise to the disease in human beings would alone be sufficient reason for careful inspection of our meat supplies by competent inspectors. It is well known, however, that much disease and ill-health of other kinds, are directly traceable to eating the flesh of diseased animals, so that it is an elementary duty of a civilised State to ensure that strict supervision of all meat or other food supplies be provided for from the public purse.

Unfortunately, the multiplicity of slaughter-houses in rural Ireland makes it very difficult to provide for that rigorous inspection of all carcasses which one would wish to see enforced for the prevention of avoidable public morbidity. The majority of these slaughter-houses, all of which are privately owned, and therefore not capable of constant supervision, are badly-situated, poorly-constructed and ill-equipped buildings dating from a period in our social history when the significance of meat inspection was not so carefully appreciated as in modern times.

The Report of the Departmental Committee on Foot and Mouth Disease of 1922 stated that :

“The use of private slaughter-houses—especially those attached to farms or dairies—has been responsible for the spread of disease in many districts. In our view it is very undesirable that in an infected district animals should be permitted to be slaughtered in slaughter-house premises which are occupied in conjunction with or adjacent to land on which stock is kept. Further, the use of such slaughter-houses facilitates concealment of disease and involves great risk of its spread, but while it may not be practicable entirely to prohibit the use of private slaughter-houses we strongly urge that sanitary authorities should, in the public interest, refrain from licensing premises which are not so constructed as to permit of their effective disinfection”.

Model by-laws framed for private slaughter-houses include the following:—

(1) The premises should not be within 100 feet of any dwelling-house, and the site should be such as to admit of free ventilation, by direct communication with the external air on two sides at least of the slaughter-house.

(2) Lairs for cattle should not be within 100 feet of a dwelling-house.

(3) The slaughter-house should not be, in any part, below the surface of the adjoining ground.

(4) The approach to the slaughter-house should not be on an incline of more than one in four and should not be through any dwelling-house or shop.

(5) No room or shop should be constructed over the slaughter-house.

(6) The slaughter-house shall be provided with an adequate tank, the bottom of which shall be not less than six feet above the level of the floor of the slaughter-house.

(7) The slaughter-house should be provided with proper ventilation. It should be well-paved with asphalt or concrete, and laid with a proper slope and channel towards a gully, which should be properly trapped and covered with a grating, the bars of which should not be more than three-eighths of an inch apart. Provision should also be made for the effectual drainage of the slaughter-house.

(8) The surface of the interior walls should be covered with hard, smooth impervious material to a sufficient height.

(9) No water-closet, privy or cesspool should be constructed within the slaughter-house. There should be no direct communication between the slaughter-house and any stable, water-closet, privy or cesspool.

(10) No habitable room should be constructed over any lair.

(11) No dogs should be allowed near a slaughter-house.

Model bye-laws further provide for the licensing, registering and inspection of slaughter-houses, for preventing cruelty therein, for keeping the same in a cleanly and proper state, for removing filth at least once in every twenty-four hours, and requiring such slaughter-houses to be provided with a sufficient supply of water.

Abattoirs.

All progressive large towns and cities have abolished private slaughter-houses in favour of the installation of public abattoirs. The collective system as practised in Australia favours the complete control of all the work by the management. The killing and other processes are carried out by the Board's employees on behalf of the firms. This system calls for less capital expenditure and is capable of more economical working than the pen system, where each firm has its own rooms and supplies its own labour.

It is only in the public abattoir that bye-products can be utilised to their fullest extent. Private slaughter-houses cannot, as a rule, provide sufficient material to allow of its profitable collection and disposal. On the other hand, the large number of carcasses dealt with in a public abattoir renders it quite worth while to deal with manure, skin, hoofs, intestines, bones and other offal on an economic basis.

Abattoirs should be built near a railway to avoid carting or driving cattle through the streets, while the cattle market should be adjacent to the abattoir. Lairage should be provided for three times the number of an average daily kill. Water and feeding-troughs should be installed. Food is usually withheld from animals about twelve hours before slaughter. To secure adequate ventil-

ation the lairs should be separated from the slaughter hall by an open road. The doors of the lairs and the slaughter hall should be opposite one another to facilitate the passage of the animals. An ideal abattoir includes a chill-room for the storage and conditioning of the meat; this enables the abattoir to be used daily and permits of the construction of smaller buildings. The abattoir must be constructed so that it can be kept scrupulously clean with the minimum of labour. All abattoirs should keep out rats and mice and flies.

Among other progressive measures, the provision of a system of regional abattoirs in suitable areas in Donegal was, I understand, adumbrated by my late predecessor in the earlier years of his office. This excellent project has apparently receded into the limbo of forgotten things, consequent possibly on the mass of new legislation enacted within recent years involving other important public health problems. The establishment of such a scheme would be an admirable solution of the vexed problem of the private slaughter-house, the main difficulty at the moment being the financial aspect.

It is hoped to press for the establishment of public abattoirs in the three larger towns in the near future. Letterkenny Urban Council have agreed to the principle of the scheme, but it has not been possible, so far, to find a suitable site which would not involve too much expense. Unfortunately, one site which seemed to be quite suitable, was not available for the purpose on inquiry from the owner.

Reports of Veterinary Inspectors.

Reports received for the year 1937 are printed as appendices to this report.

TUBERCULOSIS.

The projected central dispensary premises in Letterkenny have not yet materialized. It will be recalled that plans were originally drawn up for a combined nurse's home, a tuberculosis and maternity and child welfare clinic. This project which, apparently, had been dropped on the death of my predecessor was again revived in 1937, and several representations have been made to the Department on the matter but no practical steps have, so far, been taken to proceed with the erection of the clinic. The present premises are very damp and congested and entirely unsuitable in every way for the purposes of a tuberculosis clinic.

Clinics for the diagnosis, treatment and prevention of tuberculosis are held as follows:

EACH FORTNIGHT—At Letterkenny, Carndonagh, Donegal and Glenties.

Each MONTH—At Dunkineely, Carrick, Ardara, Dungloe, Pettigo, Ballyshannon, Milford, Tamney, Creeslough, Carrigart, Buncrana, Clonmany, Muff, Moville, Stranorlar, Raphoe, Lifford, Dunfally, Falcarragh, Bunbeg, and Frosses.

Arranmore Island is visited as required by the local Medical Officer. In addition, suspected cases are visited in their homes at the request of their own doctor, or of any other responsible person interested, provided the dispensary doctor is agreeable.

Attendance at Clinics.

January	...	184	July	....	156
February	....	179	August	....	125
March	....	161	September	....	142
April	....	182	October	....	159
May	....	131	November	....	165
June	....	172	December	....	132

The examination of contacts is urged on all our patients, and in most cases they respond readily. Those contacts who are found to exhibit any clinical signs of disease are immediately x-rayed, and if necessary sent away for treatment. All contacts are kept under observation for varying periods of from six months to a year, and are periodically overhauled in order to detect any suspicious signs of disease.

Dr. Daly of the Shiel Hospital, Ballyshannon, has done very satisfactory x-ray work for this department, and has always been very prompt in carrying out the work. As the Shiel Hospital is a private institution, however, and the Board are consequently obliged to pay for the x-ray work, it was decided to ask Dr. McGinley to adapt the x-ray plant in his hospital at Letterkenny for chest work, and so save the Board the necessity of paying for this work. Dr. McGinley kindly consented to do so, and in future it is probable that most of the x-ray photography will be done in the Letterkenny hospital. This will be a great convenience for patients from Inishowen and the north of the County generally, as the journey to Ballyshannon is very long and tedious, and it has been found difficult at times to persuade patients to undertake it.

Domiciliary Visits.

There are thirty district nurses in the County, and they all visit the homes of patients who are too ill to attend at the local clinics.

Children presenting suspicious signs at School Medical Inspection are likewise invited to attend at the clinics from time to time, and are kept under fairly constant surveillance by the District Nursing Staff.

The total of visits paid by them during the year was divided as follows between the thirty nursing districts:

Annagry	....	310	Drumholm	....	439
Ardara	....	302	Dunfanaghy	....	290
Arranmore	....	519	Dungloe No. 1	....	590
Ballybofey and			Fahan and Inch	....	138
Stranorlar	....	329	Fanad No. 1	....	84
Ballyshannon	....	767	Fanad No. 2	....	219
Bruckless	....	298	Frosses	....	94
Buncrana	....	417	Glencolumbkille		181
Bundoran	....	515	Gortahork	....	176
Carndonagh	....	235	Kilcar	....	101
Carrigart	....	158	Letterkenny	...	358
Clonmany	....	179	Lifford, Clonleigh		
Convoy	....	96	and Castlefin	....	281
Derrybeg	....	95	Moville	....	192
Donegal	....	257	Ramelton	....	269
Doochary	....	291	Rathmullan	....	148

Institutional Treatment.

The availability of x-ray equipment is making for earlier diagnosis each year, and thus we hope to reach a stage when the sanatorium authorities will no longer have to complain that the majority of cases sent them are in an advanced stage of the disease. All patients and contacts who could reasonably be considered subjects for x-ray diagnosis by reason of equivocal or suspicious signs or symptoms are sent for x-ray, and in this manner it is hoped to have the patients treated at an early and therefore curable stage of the malady. Unfortunately, of course, we will always have some advanced cases, for the reason that these people will not consult a doctor until the disease has got a stranglehold on them. A certain proportion of such patients act in this foolish manner merely through ignorance of the significance of their physical ill-health, but there are others who are not willing to have their suspicions confirmed until the disease is far advanced. They are those who, unfortunately, still hold the view that tuberculosis is a thing to be concealed, whereas common-sense would dictate the exactly opposite viewpoint. There is a tendency in rural Ireland to conceal cases of any infectious disease, at least among a certain section of the population, because the old idea still holds good that hospitals are places where people go to die. This belief may have had a certain amount of justification in the preceding centuries, but certainly there is no rational basis for it in these days, and it definitely requires to be eradicated as a most pernicious doctrine. The great danger of it is, of course, that the spread of disease is thereby

greatly facilitated, and many preventable deaths may follow among the innocent victims of such concealment. The growth of a healthy and informed public opinion on these matters would do much to put an end to this regrettable attitude of mind. It needs to be emphasized again and again that tuberculosis is a curable disease, if taken in the early stages, and that treatment can usually be only palliative in the later stages of the disease.

The accompanying table shows the admissions to and discharges from the various local and extern institutions during the year:

NAME OF INSTITUTION.	Admissions	Discharges or Deaths.	No. remain- ing on 31/12/1937
Donegal District Hospital ...	59	61	12
Glenties District Hospital ...	46	50	7
Carndonagh District Hospital ...	44	47	13
Letterkenny District Hospital ...	—	—	—
Lifford District Hospital ...	18	16	4
Cappagh Open-Air Hospital ...	5	7	4
Coole Open-Air Hospital ...	5	4	7
Peamount Sanatorium ...	38	38	39
Dr. Steevens' Hospital ...	7	8	4
Newcastle Sanatorium ...	1	—	1
Linden Convalescent Home ...	1	—	1
TOTAL ...	224	231	92

There is great need for a properly-equipped sanatorium in the County, but so far nothing has been done to satisfy this need. There has been some talk of a regional sanatorium to serve Donegal as well as some of the neighbouring counties, but no practical proposition has yet emerged. It is to be hoped that agreement may soon be reached at headquarters on this topic, as all our patients requiring up-to-date sanatorium treatment are at present compelled to go to Dublin. This is at such a distance that it means a great deal of inconvenience to patients, and a certain proportion of them absolutely refuse to avail of treatment on this account.

Non-Pulmonary Tuberculosis.

The prevention of non-pulmonary tuberculosis is largely bound up with the question of a safe milk-supply. The survey made by the People's League of Health in 1932 in Great Britain showed that forty per cent. of milch cows in that Country were infected with tuberculosis; that 6·7 per cent. of raw market milk contained living tubercle bacilli; and that 2,000 deaths and 4,000 fresh cases of bovine infection, at a severely conservative estimate, occurred in the population every year. Lord Moynihan declared in 1931 in the House of Lords that over 30 per cent. of tuberculosis in children

came from cattle, and that 70 per cent. of non-pulmonary tuberculosis was caused by milk. From these figures, some estimate may be made of the amount of disease and crippling that ensue from the drinking of raw milk in these Countries. Rather than run such a risk, it is stated on good authority that the French people invariably boil milk used for drinking, and in view of the danger to be apprehended from raw milk of doubtful cleanliness, they are very wise. The present Irish Government are endeavouring to popularize milk as a beverage for school children in view of its undoubted excellence as a food. It is questionable, however, if such a campaign merits the unqualified approval of County Medical Officers of Health, when we reflect on the unsatisfactory conditions under which milk is often produced. For that reason, we welcome the new Milk and Dairies Act (1935), which should make for cleaner milk, and therefore for a fall in the incidence of tuberculosis of bone, joints and glands. It is worth repeating, for the sake of the uninitiated, that most of the cases of crippling disease which result from infection with non-pulmonary tuberculosis are the direct result of drinking milk containing living tubercle bacilli which come from the cow's udder.

MILK AND DAIRIES ACT, 1935.

On 21st October, 1936 the Ministry forwarded to each Sanitary Authority a copy of the above Act. An accompanying explanatory circular points out that :

1. The Minister proposed to fix the 1st January, 1937 as the day on which the Act (except part IV. and sections 32 and 33) was to come into operation. He emphasizes that the object of the Act is to improve the methods of production and distribution of the milk supply intended for sale for human consumption.

2. The Act applies only to milk sold for human consumption in the form of milk and in no other form; milk (except in part IV.) includes whole milk, skimmed, or separated milk, cream or butter-milk. It will be observed that section 7 excludes from the operation of the Act a farm from which milk not exceeding in any one day one gallon is occasionally sold to persons for consumption by them or their families, provided that the selling of milk does not form part of the ordinary business of the farm. Exemption is also granted to an employer under section 10 (3) who supplies milk to an employee under his contract of service.

3. The Sanitary Authority is required under Part II to keep a register of dairymen and dairies, and the sale of milk by an unregistered dairyman or on unregistered premises is prohibited. Under

the Dairies, Cowsheds and Milkshops (Ireland) Order of 1908 the Sanitary Authority were not empowered to refuse registration or to remove any person from the register. . . . It should be specially noted that a period of six months from the date of commencement of Part II is given for the registration of dairymen and premises.

4. The prevention of diseases likely to be caused by infected milk is dealt with in Part V. Penalties are imposed on a dairyman who knowingly sells milk infected with disease, and an employee is required to notify a dairyman where he knows or has reasonable grounds for supposing that milk has become infected. Access to milk by infected persons is prohibited, and where a person residing in or frequenting a dairy becomes infected with disease the dairyman is required to give notice in writing to the Medical Officer of Health of the Dispensary District, and may not sell any milk produced or kept in such dairy until the expiration of 24 hours after giving such notice, except with the permission of the Medical Officer.

5. Heavy penalties are imposed on any person who sells milk from an animal suffering from any of the following diseases: tuberculosis of the udder, any tuberculous condition of the uterus, any form of tuberculosis in which tubercle bacilli are excreted, any septic condition of the uterus, acute mastitis, chronic mastitis, actinomycosis of the udder, anthrax, foot and mouth disease, supuration of the udder, retained placenta.

6. Section 57 sets out in detail the procedure to be followed in dealing with samples.

7. Attention is particularly directed to the provisions of Section 59. Hitherto there has been no prohibition or control of the sale of dirty milk. Section 59 prohibits the sale of contaminated or dirty milk, and provides that any milk which has an offensive taste or smell or which, on being tested, is found to contain visible offensive matter or a number of bacteria greater than a number prescribed (500,000 per c.c.) shall be deemed to be contaminated. Sanitary Authorities are authorised under Section 62 to establish Milk Depots for the Sale of Milk specially prepared for infants under 2 years of age. A dairyman is required to disclose, when requested by the Medical Officer of the Sanitary District, information as to the sources from which he has derived supplies of milk during a specified period.

8. The Minister would remind the Sanitary Authority that they are charged with the important duty of ensuring the purity and cleanliness of the milk sold for human consumption in their district. The importance of milk as an article of diet and particularly as the principal food of young children continues to receive increasing

recognition, and the Act has been passed in response to a widespread demand for additional safeguards in regard to the purity of milk supplied for human consumption. By the effective administration of the Act, the Sanitary Authority will co-operate in the campaign for a progressive improvement in the cleanliness and wholesomeness of the milk supply.

Milk and Dairies Regulations, 1936

These regulations were made by the Ministry under Part III of the Milk and Dairies Act, 1935. In an explanatory circular issued on 29th November, 1936, it is pointed out that :

1. The regulations will come into force generally on the 1st January, 1937, but as later indicated the operation of a number of provisions dealing with structural conditions and equipment is deferred until the 1st July, 1937. The Dairies, Cowsheds and Milk-shops (Ireland) Order of 1908 will cease to have effect as from 1st January, 1937.

2. It should be borne in mind that for the purposes of the Regulations milk includes whole milk, skimmed or separated milk, cream or buttermilk, intended to be or in the course of being sold in one of these forms.

3. It will be observed that dairymen are allowed a period of six months to comply with the requirements of the articles numbered 11—16, and of articles 23, 32, 36 and 42. Notice should be given to all dairymen in the Sanitary District that the provisions of the above-mentioned Articles will be enforced from the 1st July, 1937.

Articles.

11. (1) The floor of every building forming part of a dairy in which any process or treatment is applied to milk shall not contain any crevice or cavity in which liquid matter can lodge and remain and shall be constructed of material which can easily be cleansed

(2) The floor of every cowshed shall comply with the following provisions, that is to say :—

(a) it shall be constructed of durable, non-absorbent and impervious material ;

(b) it shall not contain any crevice or cavity in which liquid matter can lodge and remain ;

(c) it shall be so sloped as to ensure that all liquid matter falling thereon will flow into channels provided in pursuance of the next following paragraph ;

- (d) it shall be provided with channels so constructed, placed and sloped as to receive all such liquid matter and convey it outside the cowshed for disposal in accordance with these regulations.

12. Outside every cowshed there shall be provided channels or other conduits to the satisfaction of the sanitary authority, communicating with the channels in the floor of such cowshed provided in pursuance of the next preceding Article, in which all liquid matter falling on the floor of such cowshed will be conveyed away from the neighbourhood of the cowshed in such a manner and to such a distance that the surroundings of the cowshed and the means of access thereto can be easily and conveniently kept clean and free from offensive odours and effluvia.

13. (1) Every cowshed, milk store (not being a cold store), or milk shop shall be adequately lighted during the hours of day-light by means of direct daylight and such and so many windows or other openings shall be provided as are required for that purpose.

(2) Every part of a cowshed, milk store or milk shop in which during the hours of darkness milking takes place or in which during such hours milk is transferred from one vessel to another vessel, is subjected to any process of treatment or is sold shall be adequately lighted by means of artificial light, and suitable lamps or other means of artificial lighting shall be provided for the purpose.

(3) If the lighting of any cowshed in which cows are milked is such that a person with ordinarily good sight milking a cow and seated in any normal milking position in such cowshed could not distinguish dirt on the udder or teats of such cow or abnormalities in the colour of the milk, such cowshed shall be deemed for the purposes of this Article not to be adequately lighted.

14. (1) Every cowshed shall be provided with windows or other openings, some of which shall be capable of being closed and some of which shall not be capable of being closed, communicating directly with the open air, of such number, size, position and construction as to enable the air within such cowshed to be kept fresh and wholesome without endangering the health of the cows in such cowshed, or causing such cows unreasonable discomfort and without raising dust.

(2) A dairyman shall take all reasonable precautions to ensure that the air in any cowshed which he uses for the purposes of his business is kept fresh and wholesome without endangering the health of the cows in such cowshed, or causing such cows unreasonable discomfort and without raising dust, and for that purpose he shall keep every window

or other opening in such cowshed in good condition and repair, and shall make use of every such window or other opening as shall be necessary.

15. (1) Every milk store (not being a cold store) or milk shop shall be provided with windows or other openings communicating directly with the open air, of such number, size, position and construction as to enable the air within such milk store or milk shop to be kept fresh and wholesome.

(2) A dairyman shall take all reasonable steps to ensure that the air in any milk store or milk shop which he uses for the purposes of his business is kept fresh and wholesome, and for that purpose he shall keep every window or other opening in such milk store or milk shop in good condition and repair, and shall make such use of every such window or other opening as shall be necessary.

16. The ceiling of every cowshed, milk store, or milk shop shall be composed of or lined with material from which dust or dirt can easily be removed.

23. Every tap in a vessel through which milk is to be drawn shall be capable of being easily removed from such vessel and dismantled for the purpose of cleaning and sterilisation.

32. (1) This Article shall apply to every cowshed except a cowshed in which cows are only kept immediately before, during, and immediately after milking.

(2) In every cowshed to which this Article applies there shall be provided :—

(a) One or more raised portions of the floor (in this Article referred to as “standings”) on which cows can be tethered in the normal feeding position; and

(b) at the back of every standing a channel not less than eighteen inches in breadth sunk to a depth of not less than six inches below the standing and so situated that all the droppings from the cows when tethered in their normal positions in the standing will fall into such channel; and

(c) at the back of every standing a covered passage, free from obstruction and of such a width that persons can pass freely to and fro without any danger of themselves or their clothing or any milk carried by them being contaminated.

(3) The cows in a cowshed to which this Article applies shall not be tethered in such a manner or position that a person cannot move freely between any two cows without

any danger of himself or his clothing or any milk carried by him being contaminated.

(4) Whenever cows are tethered in a cowshed to which this Article applies reasonable precautions shall be taken, whether by a suitable arrangement of the positions in which such cows are so tethered, or by the provision of barriers dividing the standing into separate stalls, to prevent any cow from standing in such a position that its droppings will not fall into the sunk channel at the back of the standing provided in pursuance of this Article.

36. (1) The opening through which the milk enters the milk pail or other vessel into which a cow is milked shall be of such a size and either inclined at such an angle or protected by means of an overhanging cowl so as to prevent, as far as is reasonably possible, dust or dirt from falling into the pail or vessel while milking is in progress.

(2) No person shall milk a cow into any pail or vessel which is not constructed or fitted so as to comply with the provisions of this Article.

42. (1) Every sale receptacle shall be provided with a tap by means of which such receptacle can be emptied.

(2) No person shall take milk from a sale receptacle for sale by retail except by means of the tap in such sale receptacle.

(3) No person shall sell any milk which has been contained in a sale receptacle in respect of which any of the provisions of this Article have not been complied with.

(4) No person shall keep milk in or sell milk from a sale receptacle which does not comply with the provisions of this Article.

4. In accordance with the provisions of Article 5 (1) the Regulations will not apply to persons such as restaurant and hotel keepers who sell milk only for consumption on the premises. In this connection it will be noted that such persons are also exempt from registration under Part II of the Act.

5. In view of the vital importance of cleanliness in the production and distribution of milk it is essential that every dairy should be provided with an adequate supply of pure water from a source which is not liable to pollution or infection.

6. The provisions dealing with the cleanliness of cowsheds and the surroundings thereof should be strictly enforced. In particular measures should be adopted to ensure that all offensive matter is removed to a suitable distance from the cowshed or dairy and where

a receptacle for such matter is provided it should be so located as to reduce to a minimum the possibility of milk being contaminated by dirt, dust or flies.

7. The use of dirty vessels and appliances in a dairy is a frequent source of contamination of milk, and special attention should accordingly be directed to securing compliance with the provisions of Article 22, and of the Schedule to the Regulations in regard to the cleansing of vessels and appliances used for milk. The use of non-absorbent paper for securing lids of churns is permitted as a temporary expedient in view of the fact that a large number of dairymen still use churns, the lids of which do not fit securely. Dairymen should, however, be advised to eliminate gradually such churns and to replace them by a more efficient type of churn.

Article 22.

22. (1) This Article should apply to every vessel or appliance used by a dairyman in milking or otherwise in the course of his business for containing, measuring, or storing milk, or for any other process in which such vessel or appliance is likely to be brought into contact with milk.

(2) A dairyman shall not use or cause to be used any vessel or appliance to which this Article applies if any part of such vessel or appliance which is likely to be brought into contact with the milk is incapable of being easily cleaned.

(3) A dairyman shall cause all vessels and appliances to which this Article applies used by him in the course of his business to be kept clean and, in the case of metal vessels, free from rust.

(4) For the purpose of the next preceding sub-article but without prejudice to the generality of its provisions every dairyman shall comply with the requirements of the Schedule to these regulations immediately after a vessel or appliance to which this Article applies has been used in the course of his business and at any other time when it becomes necessary to clean such a vessel or appliance.

(5) Every vessel or appliance to which this Article applies, when not being used, shall be stored in a clean place, not being a place in which the deposit or keeping of milk is prohibited by these regulations, and shall be protected while so stored from dust, dirt and flies.

(6) Subject to the provisions of the next following subsection no paper, cloth, or other absorbent substance shall be used for securing the lid of any vessel or appliance to which this Article applies.

(7) Non-absorbent paper may be used for securing the lid of a churn of a type which cannot be effectively closed without some such expedient, when milk is being sent on a journey by rail or road in such a churn, provided that new paper is used for every such journey.

(8) In this Article every reference to a vessel or appliance shall include a reference to every part (including a lid) of such vessel or appliance whether such part is or is not detachable.

8. In dealing with applications for registration of milk stores and milk shops, special regard should be had to the prohibition in Article 24 in regard to keeping offensive substances, etc., on such premises and registration should be refused until the Sanitary Authority are satisfied that compliance with the requirements of the Article is assured. Special attention should also be paid to the terms of Article 28 in regard to the cleanliness of persons having access to milk.

9. The production of clean milk depends to a very large extent on the cleanliness both of the cow and of the milker and on the adoption of proper milking methods. The provisions of Article 34 are, therefore, of special importance. It is essential that the Sanitary Authority should instruct their officers to insist on rigid compliance with the requirements of this Article and to arrange for making surprise visits to dairies when cows are being milked.

Article 34.

34. (1) The following provisions shall have effect in relation to the milking of cows, that is to say:—

- (a) The clothing and person of the milker shall be clean.
- (b) The hands and forearms of the milker shall be washed with potable water and dried immediately before the milking is begun and shall be kept clean and (so far as is reasonably possible) dry at all times during the milking.
- (c) The milker shall wear during the milking a clean apron or overall of linen, cotton or other washable material.
- (d) The milking shall be carried out in a light sufficiently good to enable the milker to distinguish dirt on the udder or teats of the cow, or abnormalities in the colour of the milk.
- (e) The milking stool shall be clean.

- (f) Milking in a cowshed shall not be begun within half an hour after any dry bedding or other matter has been moved in such cowshed so as to raise dust.
 - (g) Immediately before the milking is begun all dirt on or around the tail, quarters, flanks, udder and teats of the cow shall be removed, the said parts of the cow shall be washed with potable water, and the udder and teats shall then be wiped with a clean cloth damped with potable water.
 - (h) The first teatful of milk from every teat shall not be allowed to pass into the milking pail or other vessel with the remainder of the milk and such first teatful shall be collected in a special vessel and shall not be sold.
- (2) If any provision of this Article is infringed in or in relation to the milking of any cow the milker shall be guilty of an offence against these regulations.

10. Having regard to the influence of heat on the keeping qualities of milk, it is essential that milk should be cooled as soon as possible after milking during the summer months and that only suitable water should be used for the purpose. The requirements in this regard are set out in Article 38.

11. Attention is directed to the provisions of Article 39 regarding the conveyance and distribution of milk and the requirements specified in sub-article 2 in the case of whole milk should be carefully noted.

Article 39.

39. (1) Every person who is engaged in the conveyance or distribution of milk shall take all precautions which are reasonably possible to prevent such milk from being exposed to heat or diluted with water or contaminated by dirt, dust, flies, infection or otherwise.

(2) No person shall deliver to a common carrier for conveyance any whole milk unless such whole milk is in one or more receptacles each of which complies with the following provisions, that is to say:—

(a) It shall be clearly marked with the name and address of the dairyman by whom it was filled and with the day of the week on which the milk therein was produced.

(b) It shall be securely closed and either sealed or locked.

(3) No person shall convey or cause to be conveyed by railway or road any milk unless such milk is contained in a

receptacle closed with a lid which is so constructed and fitted as to exclude dust, dirt, flies and rainwater and to prevent the return to the interior of the receptacle of any milk from such interior which has been splashed above the lid.

(4) No person shall put milk into a receptacle which has been conveyed by railway or road until, after such conveyance, such receptacle has been washed and dried in accordance with the provisions of the Schedule to these regulations.

12. Article 41 deals with the important subject of the putting of milk into bottles or other sealed containers the capacity of which does not exceed one quart. The Sanitary Authority should ensure that every dairyman in their district who bottles milk is provided with adequate equipment for the sterilisation of containers and frequent inspection of the premises should be carried out by the Inspecting Officer to ensure that such containers are clean and sterile before use.

13. It is prescribed by Article 42 that for the purpose of sale by retail milk shall not be taken from a receptacle the capacity of which exceeds four gallons except by means of a tap. It will be observed that the effect of Article 43 is to prohibit the opening of any closed receptacle containing milk exceeding four gallons in capacity except in registered dairy premises or by an authorised person for sale retail.

14. Parts III and IV deal with the machinery for the administration of the Regulations. It will be observed that at least one inspection every three months in the case of dairies and every six months in the case of animals is laid down. The Veterinary Inspector should be instructed to examine all animals individually, particular attention being given to the udders and teats.

15. The comprehensive provisions of the Regulations will enable Sanitary Authorities to exercise effective administrative control of all milk intended for human consumption in the form of milk. It should be noted that throughout the Regulations emphasis is laid on the maintenance of cleanliness of methods of production, storage and distribution rather than on structural condition of premises. Compliance with the requirements laid down will not involve expenditure by dairymen on costly structural alterations in cow byres or premises. The Officers of the Sanitary Authority are in a position to exercise valuable educative influence and the Minister hopes that every effort will be made to bring about a substantial improvement in the standard of purity and wholesomeness of the milk supply.

16. The provisions of the Regulations should as soon as possible be brought to the notice of all dairymen carrying on business in the district of the Sanitary Authority. Copies of the Regulations may be obtained from the Government Publications Sale Office, 5 Nassau Street, Dublin.

On the 11th March, 1938, there were 112 registered milk dealers in the County Health District of Donegal. The following table shows the number of premises favourably reported on in each of the Veterinary Officers' districts, together with the number of refusal orders:

District.	Veterinary Officer.	Number Registered.	Nmmber Refused Registration.
Donegal ...	F. McShane ...	17	11
Buncrana ..	R. Marner ...	18	25
Milford .	L. McIlhargey ...	4	16
Letterkenny ...	P. McGlinchey ...	14	22
Glenties ...	T. A. McClintock ...	59	16
TOTALS ...		112	90

Thus, as regards the County Health District, there have been, up to the date mentioned, 319 applications for registration in all. 112 applications have been approved, 90 have been refused on the grounds of the unsatisfactory state of the premises, and there have been 7 undertakings to discontinue milk production.

As the number of applications from Mr. McClintock's area far exceeds those from any other area, I append hereto his report on the working of the Act. Presumably, he is in a position to give a fairly authoritative account of the various difficulties encountered, and of the benefits which are likely to accrue from this new legislation. The following is his report:

"The working of the Milk and Dairies Act has made a marked improvement in the care, cleanliness and distribution of milk, although causing a little difficulty at first owing to the expense put on the suppliers especially in these poor districts and islands where material is hard to get. However, they have made a splendid response. I would recommend that the important points of the improvements, such as cement floors and walls, windows, ventilators, drains 2 feet wide and 6 inches deep, clean udders and quarters of cows should be printed in a leaflet and sent to all Milk Vendors, and all sub-sanitary officers asked to instruct and educate the people in these clean methods. It has been a very hard job on us Veterinary Inspectors to get this new Act into force, having to be an Engineer, Architect, Inspector, and Examiner, and go over so often to these suppliers to get the premises in order. I hope you will see that we will get a remuneration in keeping with such extra work and motor expenses. The Act is a great success".

With regard to the Urban Districts of Letterkenny, Buncrana, and Bundoran, the following table shows the actual condition of affairs. (March, 1938).

Urban District.	No. of Applications.	No. Granted.	No. Refused.
Letterkenny ...	27	5	15
Bundoran ...	23	16	—
Buncrana ...	5	2	—
TOTALS	55	23	15

Buncrana.

The Urban Council took no steps to put the Act in operation until July, 1937. On inquiry, it was ascertained from Mr. Marner, Veterinary Inspector, in October, 1937, that up till that time he had received only one application for registration. It appears that several fairly extensive milk-sellers had not even applied for registration, and several representations were made by this Department to the Urban Council as to the necessity of seeing that the Act was enforced. Information to hand on the 19th February, 1938 was to the effect that five persons in all had applied for registration. At that date the following information was available :

- | | | | | |
|--|------|------|------|---|
| (1). Number of persons who had been notified to apply for registration | .... | .... | .... | 3 |
| (2). Number who had applied for registration |  |  | .... | 5 |
| (3). Number who had been registered |  |  | .... | 2 |

The Council have been further asked to ascertain immediately the names and addresses of any persons who are operating in the Urban District in contravention of the Act, so that suitable steps may be taken forthwith against them. As the situation stands at present (March, 1938) three milk-vendors have been notified of their obligation to apply for registration. Two of these have applied, and the third has stated his intention of retiring from the milk business.

MATERNITY AND CHILD WELFARE.

The accompanying Table sets out the various activities comprised under the above heading :

MATERNITY AND CHILD WELFARE ACTIVITIES, 1937.

DISTRICT.	Expectant and Nursing Mothers.	Visits Paid.	Infants under 1 year.	Visits Paid.	Children under 5 years.	Visits Paid.
Annagry	34	703	34	474	306	1,437
Ardara	158	1,109	72	481	148	1,367
Arranmore	23	990	23	435	113	1,200
Ballybofey and Stranorlar	91	822	46	688	146	1,150
Ballyshannon	62	1,183	37	708	176	1,470
Bruckless	63	416	52	564	128	843
Buncrana	169	985	95	943	207	1,326
Bundoran	76	1,940	54	1,655	107	2,227
Cardonagh	141	940	80	641	164	1,102
Carrigart	57	700	32	558	158	1,458
Clonmany	75	730	70	730	250	1,460
Convoy	85	706	36	658	108	1,182
Derrybeg	61	749	33	272	151	1,059
Donegal	163	1,461	97	756	153	3,055
Doochary	38	240	28	170	47	2,468
Drumholm	100	904	56	1,220	80	985
Dunfanaghy	63	1,147	32	547	112	1,399
Dungloe	149	797	106	655	234	1,988
Fahan and Inch	74	173	57	385	177	1,046
Fanad No. 1	45	320	26	560	184	1,171
Fanad No. 2	71	900	22	376	116	1,511
Frosses	58	480	48	576	233	2,420
Glencolumbkille	34	181	39	335	138	3,702
Gortshork and Falcarragh	80	1,163	75	869	185	1,466
Kilcar	110	1,709	59	1,241	131	2,271
Lettorkenny	168	1,512	153	1,530	363	2,178
Lifford, Clonleigh and Castlefin	130	574	106	449	263	1,096
Moville	102	1,015	40	336	111	2,068
Ramelton	52	132	58	690	130	1,580
Rathmullan and Glenvar	65	910	46	816	109	1,654
By Public Health Nurse M. Walsh	32	32	36	36	83	83

The following is a resume of the work under this scheme performed by Miss Casey, Superintendent Public Health Nurse:

Number of Expectant and Nursing Mothers visited	....	109
Number of Visits paid during the year	....	122
Number of Infants under 1 year visited	....	135
Number of Visits paid during the year	....	154
Number of Children under 5 years visited	....	148
Number of Visits paid during the year	....	189

She reports: "In connection with Maternity and Child Welfare work 32 visits were paid to 30 Jubilee and Dudley Nurses employed in Donegal. The mothers of the districts served by these Nurses appreciate very much their advice and attention.

The provision of Jubilee or Dudley Nurses for Malin, Manorcunningham, Milford and Cloghan areas would be a great benefit to the poorer people of these localities.

During the course of the year, I called from time to time on the Nurses employed by the MacDevitt Trained Nurses' Trust. These Nurses also engage in Maternity and Child Welfare to the great benefit of the people of Glenties, Fintown and Kincasslagh".

Infants' Deaths (under One Year) in Districts served by Jubilee Nurses, 1937.

Number of Infants' Deaths under one year	48
--	-----	------	----

Feeding:—

Artificially fed (cows' milk and water and Sister Laura's Food)	....	....	....	10
Partially Breast Fed	....	....	....	11
Totally Breast Fed	....	....	....	10
No record of feeding—(Died shortly after birth, etc.)	....	....	....	17

Causes of Death:—

Accidental Suffocation	....	....	1
Bronchitis	...	....	3
Bronchial Pneumonia	....	....	8
Congenital Heart Disease	....	....	1
Convulsions	....	....	4
Enteritis	....	....	1
Haemorrhage from Bowels	....	....	1
Premature and Weakly from birth	....	....	18

Toxaemia	...	...	...	2
Whooping Cough	...	...	...	4
Cause of Death not known	...	...	...	5

Infants' Deaths (over One Year) in Districts served by Jubilee Nurses, 1937.

Number of Deaths of Infants over one year and under five years 18

Feeding during first year of life:—

Artificially Fed	...	...	...	2
Partially Breast Fed	...	...	...	10
Totally Breast Fed	...	...	...	6

Causes of Death:—

Acute Rheumatism	...	...	...	1
Bronchitis	...	...	...	1
Bronchial Pneumonia	...	...	...	6
Diphtheria	...	...	...	1
Meningitis	...	...	...	4
Nephritis	...	...	...	1
Shock following Burns	...	...	...	1
Typhoid (?)	...	...	...	1
Cause of Death unknown	...	...	...	2

SUPERVISION OF MIDWIVES.

Miss Casey reports as follows:—

“The work of the Midwives on the whole continues to be satisfactory. Reasonable attention is paid generally to the visiting of patients during the lying-in period, having regard to the long distances which have sometimes to be covered.

In 1937 the facilities for attendance at the Post-Graduate course were availed of to an increased extent. The benefits of this course, however, are so great that one would like to see a more general desire on the part of the Midwives to improve their standard of work by attendance thereat.

I am glad to be able to report an apparent diminution in the activities of handy women. The proposed appointment of an additional Midwife for Mowille area will do much to alleviate the unsatisfactory position as regards the unqualified practice of midwifery there, arising in large measure from the absence of a Dispensary Midwife conveniently placed.

Reports were received of handy women practising midwifery in the Malin and Kilderry Dispensary Districts. These were investigated.

98 Visits of Inspection were paid to Midwives during the year".

One Midwife was reported to the Board of Health to be unfit for her duties, largely owing to physical disabilities. The Board asked her to resign, which she refused to do. The matter was therefore referred to the Department of Local Government and Public Health. They have now recommended, as a result of a special report by their Inspector, that the Midwife be again asked to resign, and that in the event of her doing so, they will consider favourably the granting of a superannuation allowance. This matter has not yet been finally determined.

The following is a summary of the various notifications received during the year from the Midwives practising in the County :

1.	Notifications of Intention to Practice	....	77
2.	Emergencies for which Medical Aid was summoned :—		
	Abnormal Presentations	....	12
	Abortions (Threatened and Complete)	....	10
	Ante-partum Haemorrhage	....	6
	Delayed Labour and Uterine Inertia	....	102
	Haemorrhage	....	1
	Miscarriage	....	2
	Post-partum Haemorrhage	....	5
	Premature Birth	....	4
	Puerperal Pyrexia	....	8
	Retained and Adherent Placenta	....	11
	Rupture of Perineum	....	16
	Other Emergencies	....	6
3.	Notifications of Still Births	....	26
4.	Notifications of Deaths	....	8
5.	Notification of Artificial Feeding	....	1
6.	Notifications of Having Laid Out Dead Bodies		4
7.	Notifications of Liability to be a Source of Infection	....	6

WELFARE OF THE BLIND.

The County Scheme administered by the Donegal Board of Health and Public Assistance is detailed in the Annual Report for the year 1930. Briefly, it is as follows :—

1. A register of blind persons in the County is kept up-to-date.
2. Arrangements are made by the Board for the following :—
 - (a). The education or industrial training of suitable blind persons between the ages of five and thirty years.
 - (b). The employment in Workshops for the Blind of blind persons suitable for such employment, their maintenance in a Hostel, and the augmentation of their wages.
 - (c). The maintenance, in Homes, of blind persons, who, owing to age or infirmity, are incapable of work.

3. The Board may, in the cases of unemployable and necessitous blind persons ineligible for education or industrial training under the Scheme, and living in their own homes, or in lodgings, grant assistance to such persons in accordance with the following scale :—

	per Week
(a). Blind persons over 15 years and under 30 years of age 	10/-
(b). Blind persons 30 years of age and upwards	4/- with pension
(c). Married man under 30 years of age with wife dependent on him 	15/-
(d). Married man 30 years of age and upwards with wife dependent on him 	8/- with pension
(e). Additional allowance for each child 	2/6

The institutions approved by the Minister under the provisions of this Scheme are :—

Name of Institution.	Class of Blind Persons Received.
1. St. Mary's Institution for Female Blind, Merrion, County Dublin 	Females; also boys up to 7 years of age.
2. St. Joseph's Asylum for Male Blind, Drumcondra, Dublin 	Males.
3. Richmond National Institution for Industrious Blind, 41 Upper O'Connell Street, Dublin 	Males.
4. Cork County and City Asylum for the Blind, Infirmity Road, Cork ...	Males and Females.

It has been a matter of great difficulty to persuade any of those blind people who have come under my personal notice to accept institutional training. They are very reluctant to leave their homes even for comparatively short periods, so that the scheme is being worked at a certain disadvantage, owing to this lack of public co-operation. At the end of the year, 5 persons were receiving institutional benefit.

NOTIFICATION OF BIRTHS.

The total number of births notified to this Department during 1937 was 1,736. The total number of registered births for Donegal for this year was 2,345, so that the above notified cases represent only 74% of the total births in the County. This is a slight improvement on last year's figure (70·9%), but there seems to be no adequate reason why the figure should not be 100%, especially as the Board have legal powers to enforce the notifications. It appears from our returns that all the Midwives promptly notify their cases. Only one dispensary Medical Officer, on the other hand, has sent us notifications during the year, and a special circular is now being sent out to the Medical Officers concerned reminding them of their obligations under the Act. It is hoped that this will help to remedy the big deficit in the number of births notified.

We would remind all those concerned of the following enactments required to be carried out under these Acts:

- (1). "In the case of every child born it shall be the duty of the father of the child, if he is actually residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance upon the mother at the time of, or within six hours after the birth, to give notice in writing of the birth to the medical officer of the district in which the child is born, in manner provided by this section.
- (2). "Notice shall be given by posting a prepaid letter or postcard addressed to the Medical Officer of Health at his residence, giving the necessary information of the birth within thirty-six hours after the birth, or by delivering a written notice of the birth at the office or residence of the Medical Officer within the same time; and the local Authority shall supply without charge addressed and stamped postcards containing the form of notice to any medical practitioner or midwife residing or practising in their area, who applies for same.

- (3). "Any person who fails to give notice of a birth in accordance with this section shall be liable on summary conviction to a penalty not exceeding twenty shillings.

The following section should be carefully noted:

- (4). "The notification required to be made under this Act shall be in addition to and not in substitution for the requirements of any Act relating to the registration of births".

PROPAGANDA.

The following expressions of opinion at the Tenth Annual Health Education Conference held in London on October 1st, 1937, have just as much point for us here in Ireland as for the people of England.

Sir George Chrystal, Secretary to the British Ministry of Health:—

"An ancient Greek combining the roles of physician and philosopher says: 'Strength is incapable of effort, wealth useless and eloquence powerless if health be wanting'.

"In public health the individual has a big part to play. There, if anywhere, public provision, administration, control, is not enough. The State and the local authority can provide the conditions of healthy living, and, with all the other important agencies employed, can make available all the resources of curative and preventive medicine, partly in vain if the individual does not help himself and his family to get and keep fit and well. The health facilities, including the public Services, need to be properly and fully used by those for whose benefit they are intended. If not, neither they nor the individual are "value for money".

"If we want a healthy people we must tell them how to look after their health".

"Over a number of years, and particularly in the last three decades, the Government, the local authorities, voluntary organisations and the medical and allied professions have been building up a network of health services which is probably not equalled by any country today".

“ The Clinics are for well people to keep them well. What we are attacking is not merely the death rate, but also morbidity, lassitude and loss of stamina.

“ In general we have a network of local health facilities of whose extent and thoroughness we may be justly proud. Doctors, midwives, nurses and health visitors ready to minister to the needs of mother and child at clinics, centres or in the home; milk available cheap or free under various powers for mothers, babies and school-children; school doctors, dentists and nurses for detecting early symptoms of defect or weakness and directing parents to the means to deal with them; hospitals, dispensaries and sanatoria throughout the length and breadth of the Country for tackling tuberculosis, venereal and other diseases; playing fields, swimming baths and open spaces for healthy recreation and sport; medical care for the millions of persons insured under the National Health Insurance Scheme”.

Sir Philip Henriques :

“ Every increase in knowledge in health matters on the part of the general public must assist in reducing the burden of disease and ill-health which eventually costs the ratepayer hard cash in curative measures”.

Lord Horder :

“After many years of service and experience that great public servant, Sir George Newman, in discussing this matter recently, and reminding us that our food cannot be prescribed by the State, says ‘ but the State has a direct responsibility to educate its people and to facilitate their obtaining a sufficiency of the right foods. Poverty and ignorance are the twin evils, and they are increased and embittered by any avoidable disparity between food prices and domestic income. Insufficiency of purchasing power, imperfect distribution of family expenditure, ignorance of food values, carelessness and indifference in choosing dietaries, the unavailability of the requisite foods or the artificial maintenance of food prices at levels involving hardships on large sections of the people—these are the nuts to crack’”.

Lord Dawson of Penn :

“The provision of fresh vegetables and fruit at a cost within the means of the people would involve a new policy of food-supply no plan of improved nutrition will avail its purpose unless households learn how to buy good food and how to cook it”.

Lord Horder :

“It is health and happiness that we have in mind when we speak of fitness. It is not mere length of life that we are after”.

James Fenton, M.D., Chairman of Central Council for Health Education :

“The Public Health (England) Act of 1925 contains the following section :

67. (1) Any local authority or county council may arrange for the publication within their area of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures in which such questions are dealt with, and may defray the whole or a portion of expenses incurred for any of the purposes of this section.

This section was introduced as a result of representations by the Society of Medical Officers of Health to the Ministry. At that time, however, local authorities had little experience in public health propaganda methods, and their medical officers of health, however able in other directions, were not trained in publicity work. It was in these circumstances that the Society of Medical Officers of Health suggested that some central organisation should be established to advise and help local authorities, education committees, insurance committees, and so on, in educating the community on health matters. The proposal met with the approval of the Minister of Health, and the Central Council for Health Education was founded in 1927.

In our early days we concentrated on giving advice in regard to health weeks and exhibitions, issuing health articles to the Press, preparing leaflets and advising on films. Subsequently, we undertook the task of organising health weeks in various areas, on behalf of local authorities, thus relieving them of work in which no one authority could have had experience. Later we instituted other branches of activity, including a very successful poster campaign.

Just over twelve months ago the formal incorporation of the Council was completed. This involved the entire reorganization of the Council's administration, including the drafting of a new constitution. The opportunity was taken of strengthening our Association with statutory and voluntary bodies, and the Council can now claim that nearly every important authority connected with health education work is represented on it either directly or through national associations of local authorities.

These bodies include the Ministry of Health, the Board of Education, the British Medical Association, five associations of local authorities, the Association of Insurance Committees, the Conference of Friendly Societies, and over thirty affiliated voluntary organisations interested in different branches of health education".

Lord Aberdare:

"I have already mentioned the lethargy with which most people seem to be affected where their own physical well-being is concerned provided no painful crisis has arisen. No doubt people are well aware of the benefits which accrue from physical fitness; but it is quite another thing for them to behave in the light of that knowledge. That is to say, in the realm of health many people may know what to do, but they do not do it. This is where propaganda comes in; it is not only a question of providing people with knowledge but also of persuading them to act on what they know to be true.

. It is so much less troublesome to take something from a bottle than to play a hard game of tennis or take a vigorous walk in the country that we must take great care to make it plain, in all our propaganda, that by active exercise and active exercise alone, can physical fitness in any real sense of the term be attained. Physical fitness means one's way of life, and depends on one's own activity and initiative, not on drugs and elixirs.

. Let us be ambitious to provide for everyone a higher standard of local equipment and to set before them a higher ideal of physical fitness—not as an end in itself but as the means to a fuller life".

SALE OF FOOD AND DRUGS ACTS.

The practical administration of this important legislation is entrusted to the Garda Síochána, who carry out their task with their accustomed courtesy and efficiency. I wish to express my thanks to the Chief Superintendent for the County who has kindly supplied the following particulars of the work done in regard to the taking of samples and analysis of same:

Return of Samples Analysed during the Year ending 31st December, 1937.

NATURE OF SAMPLE.	No. of Samples taken.	No. Certified to be Adulterated.	Number of Prosecutions	No. of Convictions.
Whole Milk	322	18	17	16
Buttermilk	20	—	—	—
Butter	77	—	—	—
Margarine	84	—	—	—
Cheese	23	—	—	—
Jam and Marmalade	22	—	—	—
Tea	6	—	—	—
Sugar	17	—	—	—
Flour	6	—	—	—
Cocoa	7	—	—	—
Coffee	3	—	—	—
Bread Soda	7	—	—	—
Cream of Tartar	5	—	—	—
Mince Meat	6	—	—	—
Sausages	3	—	—	—
Bacon	2	—	—	—
Bread	2	—	—	—
Raisins	2	—	—	—
Currants	1	—	—	—
Rice	15	—	—	—
Tapioca	2	—	—	—
Sago	2	—	—	—
Cornflour	2	—	—	—
Sweets	2	—	—	—
Lard	2	—	—	—
Castor Oil	1	—	—	—
Maize Meal	1	—	—	—
Lentils	1	—	—	—
Condensed Milk	1	—	—	—
Intoxicating Liquor	131	2	2	2
Non-Intoxicating Liquor	1	—	—	—
TOTALS	776	20	19	18

The following members of the Garda Síochána acted as Food and Drugs Inspectors during the year ended 31st December, 1937:

Garda James Meegan, Letterkenny.
 Garda Thomas Maguire, Raphoe.
 Garda Laurence Connolly, Lifford.
 Garda Patrick J. Garvin, Newtowncunningham.
 Garda Henry Martin, Newtowncunningham.
 Garda James L. Flanagan, Buncrana.
 Garda Peter McGurk, Carndonagh.
 Garda Michael Walsh, Merville.
 Garda Patrick Hegarty, Muff.
 Garda Bernard Garvey, Ballyshannon.

Garda James Markey, Ballyshannon.
 Garda John Dunne, Ballybofey.
 Garda Michael Diffley, Ballybofey.
 Garda James P. Treanor, Pettigo.
 Garda Antoine Sairseail, Teampall Chroin.
 Garda Padraig M. O'Neill, An Clochar.
 Garda Liam P. Arnold, Bunbeg.
 Garda Seamus O'Mainnín, Killybegs.
 Garda Padraig Proinnsias, Killybegs.
 Garda Padraig O'Coilainn, Carrick.
 Garda Michael O'Canagh, Tanatallon.
 Garda Seamus Mac an t-Saoir, Bunbeg.
 Garda Eamonn O'Gallchóhair, Milford.
 Garda Risteard de Burca, Creeslough.
 Garda Michael de Burca, Falcarragh.

Report of T. A. McClintock, Esq., Veterinary Inspector for Letterkenny Urban Area.

Inspections of Meat and Milk.

Portions of 10 carcasses were condemned and destroyed as unfit for human food, owing to Dropsy, Erysipelas, Injuries, Inflammation and Decomposition.

There were 33 samples of milk taken and examined for disease and cleanliness.

Inspections under the Milk and Dairies Act were carried out in 14 Dairies and Cow Sheds. There were 17 reports in duplicate and 98 cows were examined.

The new Acts for Licence of Slaughter-houses and Licence of Slaughtermen have been carried out and put in force.

Report of T. A. McClintock, Esq., Veterinary Inspector, Dungloe, for Glenties Area.

During 1937, there were 14 cases of Tuberculosis in cows reported. 7 were positive and destroyed under the Bovine Tuberculosis Order. Compensation was awarded. Under the Dairies and Cowsheds Order, and where tenders were made for free and school Milk, there were 183 Cowsheds inspected, together with the Dairies and Milking and Dairy Utensils, and 544 cows examined. Samples of milk taken were 114 and were tested and examined for disease and clean-

liness. On Meat Inspection there were 5 carcasses and 9 portions of carcasses condemned and destroyed as unfit for human food owing to Tuberculosis, Dropsy, Decomposition and Injuries. The fairs throughout the district were attended and all animals exposed for sale inspected to be free from disease. All sheep in the district were dipped according to Regulations, although there were two outbreaks of Sheep Scab, which were immediately dealt with, and checked. All cattle in the district were washed under the Warble Fly Order, and the general condition of all live stock in district and islands is healthy.

Report of F. McShane, Esq., Veterinary Inspector, on work done under the Donegal County Council and Donegal Board of Health and Public Assistance (Donegal and Ballyshannon Areas), Year, 1937.

Bovine Tuberculosis Reports.

Animals examined	....	....	....	32
Animals slaughtered by Veterinary Inspector				22
Animal dead on arrival	....	....		1
Animals found non-tuberculous		....		9

Reports on Dairies, Cowsheds and Cows.

Free Milk Scheme.

Number of premises inspected	33
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School Meals Scheme.

Number of premises inspected	18
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PART II.

: Annual Report :

OF THE

County Medical Officer of Health

County Donegal

ON THE

COUNTY SCHOOL MEDICAL

SERVICE.

YEAR 1937.

Annual Report on the County School Medical Service.

YEAR 1937.

Total number of Schools in the County	....	400	} 1930 figures.
Total School Population	....	26,898	
Number of Schools examined in 1937	....	195	
Number of School Population examined in 1937	....	6,508	

Due to the appointment of Dr. R. Hayes as second permanent Assistant, on 15th February, 1937, it was possible to arrange for a weekly routine system of school medical inspection in both halves of the County on a more satisfactory basis than heretofore. As was noted in last year's Annual Report, the Schools' Scheme was badly hampered in its operation during 1935 and part of 1936. This was due to various unavoidable factors as explained in the Report. With the appointment of the second permanent Assistant Medical Officer, however, all the difficulties were resolved, and the scheme was soon working smoothly and efficiently again.

As in previous years it was considered more satisfactory to examine all the children in a school whose parents had consented to the examination. Owing to the large number of schools in the County, and the distances to be traversed by the School Medical Officer, it would not be practicable to examine specified age-groups only. At the present rate of examination of school-children (approximately 550 per month), it would require about two years to examine all the school population, which is in the region of 27,000 souls. Some of the schools, especially those on the Islands along the coast, are very inaccessible, and can only be inspected in favourable weather conditions, when the sea-journey is not too hazardous.

The total number of children inspected was 6,508 out of a roll total of 12,386 notified. It might appear from this figure that only 53% of those notified actually presented themselves for examination. The percentage is, however, much higher than this because of the fact that for some months the experiment was tried of examining only certain specified age-groups in each school. This experiment was not found to be very practical, hence it was dropped in favour of the previous policy of examining all the children who presented themselves for examination. For this reason it would be difficult to arrive at the accurate figure for consents to the examination, but it may roughly be assessed at 65%, a comparatively satisfactory number in the present state of things. It is hoped to bring this figure to a much higher level in the future. Actually it varies a good deal from district to district, so that an average figure does not give any very helpful information, apart from its general significance.



SCHOOL TEACHERS AND MANAGERS.

As in previous years we have to record our appreciation of the whole-hearted co-operation of both School Teachers and Managers in our work. The Managers are only too ready to announce publicly any arrangements we may make for school examination, and are not slow to remind us of their claims when they consider their districts are possibly being overlooked.

One is particularly struck by the sane and intelligent outlook on public health and school medical inspection amongst the new generation of teachers. They are fully alive to the advantages of our campaign, and are competent to discuss it in a practical and helpful manner in all its aspects. They have been exceedingly helpful to this Department and we wish to tender them our very sincere thanks.



ATTENDANCE OF PARENTS.

51% of the parents personally attended at the school inspections. This is slightly less than last year's percentage (56%), but is, nevertheless, a not unsatisfactory figure. As stressed in previous Reports, the attendance of parents makes for a more thorough and satisfactory examination, in spite of the fact that it adds considerably to the difficulties of the examining Medical Officer owing to lack of sufficient accommodation. Nevertheless it should be impressed on all parents that their attendance is desirable in the interests of their children's health and well-being.

COMMENTS ON TABLES OF DEFECTS.

The percentage numbers of children showing unsatisfactory conditions in matters of Clothing, Footgear and Cleanliness of Head and Body, are shown in Table B. It will be noted that the figures for 1937 (3·6%, 2·2%, 9·0%, 12·5%) compare very favourably with those for 1936 (9·4%, 8·5%, 17·7%, 12·7%). It will be interesting to see at what level these figures remain in the future, in view of the marked improvement in some of them, depending, as they do, largely on economic factors (Clothing and Footgear). It is further to be noted that there have been a good many changes in the Public Health Staff since last year, and the personal factor has, necessarily, a good deal of bearing on the judgment of the matters relating to satisfactory clothing and footgear. For this reason, the comparison of this year's with last year's figures is not necessarily as reliable as might appear at first sight. Nevertheless there would appear to be a substantial measure of improvement all round, which is a matter for congratulation. The fact that the percentage of unclean heads has decreased from 17·7 to 9·0 is very satisfactory, and as the evidence is fairly objective in these cases, the comparison of the figures seems quite a rational procedure. It is the parents, of course, who must be approached and instructed in these matters, as the great majority of the children are quite unconscious of the fact that they harbour parasites in their hair. For this reason, much propaganda still requires to be set in motion in order to impress on parents and children the supreme value of cleanliness. It is not uncommon, even in these days of enlightenment, to find intelligent people holding the view that head lice evolve from nothing, or even that they come out through the skin from the blood. It is well to emphasize, therefore, that head lice, like other insects, breed and propagate their kind, just as do the members of the animal kingdom. The mating of the male and female results in the production of the eggs or "nits", which later develop into adult lice. Therefore lice come from pre-existing lice, and the latter, unfortunately, like the poor, are always with us. When parents, then, find their children's heads are infested with lice, they may rest assured that the parasites have been transferred from some less clean individual—and very slight contact is required to ensure this transference. It is obvious from the close contact of children in school that one dirty individual may share his unwelcome parasites out among the rest of the pupils, and if the parents be careless, such a school may soon show an abnormally large number of unclean heads. Teachers, of course, have a duty in this regard, and are only too anxious to have the condition rectified. Unfortunately, owing to their circumstances, their hands are partly tied, as they cannot always afford to possibly antagonise parents by complaining of the condition. The School Medical Officer can here fulfil a useful function. He is in a position to point out such infestation, and to give salutary advice as to the eradication of the pests. The Jubilee Nurses keep such children under observation and render much help to parents by frequent visiting at the homes, combined with practical advice.

SCHOOL MEALS.

Under the School Meals (Gaeltacht) Act, 1930, hot mid-day meals are provided for Schools in Gaeltacht areas of the County. These meals are very much appreciated, and consist of bread and butter plus milk, cocoa or tea, according to the facilities available in any particular district. Milk produced under proper conditions is not available in some districts, otherwise milk would be the dietary of choice in every case.

Urban Districts.

School Meals are also provided by the Urban District Council in Letterkenny and in Bundoran, and by the Town Commissioners (whose affairs are administered by a special Commissioner) in Ballyshannon.

Letterkenny.

The scheme is administered and supervised by the School Meals Committee, consisting of School Managers, Principal Teachers, and members of the Urban Council. Meals are served by contractors for such service for periods of six months, the food being supplied directly by the Council to the contractors. The following schools are those served by the scheme:

St. Eunan's N.S.
St. Columba's N.S.
Barkhall N.S.
Parochial Hall N.S.

The meal provided consists of a half-pint of milk and one 4-oz. bun.

Bundoran.

The scheme is administered by a committee appointed by the Council. This committee includes Brothers of the St. Vincent de Paul Conference, the School Manager, and members of the Legion of Mary. A cook is employed and is supervised by the members. Bundoran Convent National School is the one served by the Scheme, and the meal supplied is as follows:—

- (a). On Mondays, Wednesdays and Fridays: Bread, butter and warm new milk.
- (b). On Tuesdays and Thursdays: Bread, butter and warm cocoa.

Ballyshannon.

The scheme is in operation in the Convent Schools and in the De La Salle Brothers' (St. Joseph's) Schools throughout the entire year, and the average number of necessitous children in receipt of meals is fifty.

The food supplied is 4 ozs. bread and margarine and half a pint of pure milk to each recipient. Pure milk is now supplied in preference to cocoa which had been supplied for the first few years during which the scheme was in operation. The milk is heated except during the warmer months.

The meals are prepared and distributed in the Convent Schools by the Sisters of Mercy, and in the Boys' School by the local troop of Catholic Boy Scouts under the supervision of the principal teacher, Brother Virgilius. An oil cooker was supplied for cooking purposes in the Brothers' School; in the Convent they already had a coal range in their cookery room. Utensils, cloths, etc., were provided in both schools.

NUTRITION.

On reference to Table C it will be seen that there were 709 malnourished children out of a total of 6,508 examined, or 10·9%. This is a rather marked reduction on the figure for 1936 (15·1%). It is further to be noted that of these 709 cases of malnutrition there were only 105 of marked degree requiring treatment. The remaining 604 showed only a moderate degree of subnutrition, and were marked "for observation only". Therefore the actual percentage figure for severe malnutrition is only 1·6%. This is slightly higher than last year's figure (1·2%), but not to any appreciable extent. Such cases are sent to hospital if thought necessary. If not, they are carefully supervised by the Jubilee Nurses, and recommended for such special dietary treatment as may be required. Many of these children improve remarkably on the addition of milk plus cod-liver oil to the diet.

The question of recommending milk as an addition to the diet of an under-nourished child is a rather complicated one at present and needs very careful consideration. The large amount of tuberculous disease discovered at post-mortem in Irish dairy cattle is very perturbing, and raises the question as to whether raw milk is safe to drink. Undoubtedly the new Milk and Dairies Act, 1935, will have a very beneficial effect in the production of cleaner milk. Nevertheless it will be some years, one would imagine, before one could give an unqualified recommendation to the consumption of raw milk from any source whatsoever. As stated in a recent editorial in the *British Medical Journal*: "The occurrence of milk-borne disease has been a matter of constant concern to successive generations of medical practitioners, and many family doctors consistently advise their patients to boil all milk before consumption. They deprecate especially the use of raw milk for the feeding of infants and young children, because it may contain tubercle bacilli and other pathogenic micro-organisms.

Since the war wide experience of the feeding of infants of all social classes with dried, and therefore denatured, milk appropriately supplemented by vitamins, and numerous feeding experiments, both on human beings and lower animals, have proved beyond scientific doubt that heating does not, in practice, detract from the value of milk as a food".

In 1936 the British Medical Association adopted as its official policy, after a full discussion, the following recommendation: "That only milk complying with the conditions required for the designations 'Tuberculin Tested' or 'Pasteurized', or preferably both, can safely be consumed without boiling".

"The British Medical Association is in complete agreement with the view that the physical well-being of the people would be enhanced by increased consumption of milk, but it is alarmed at the spectacle of a publicly-financed campaign for more milk-drinking unless the milk is rendered safe by pasteurization, or at least made less liable to convey disease by tuberculin-testing of cattle and the elimination of reactors from herds supplying milk for human consumption. . . . The motive behind the Association's campaign is not to undermine any reasonable confidence in the Nation's Milk Supply but to help the Government in its well-designed proposals for securing that the supply generally merits confidence. The milk producers and their representatives would be well advised to realize that a greater consumption of milk in this Country is unlikely to be attained unless there is some guarantee of its safety, and that the mere cleanliness on which they tend to concentrate is not enough". (B.M.J. 5/2/1938).

TEETH.

The importance of mouth hygiene and of a corresponding development of adequate dental services are two outstanding features in modern dental knowledge. It is established that you cannot have a healthy nation with unhealthy mouths. In spite of this knowledge, however, and notwithstanding that public dental services have developed to a great extent in recent years, it is evident that the number of unhealthy mouths has not been greatly diminished. "It is terrible indeed to contemplate", as Professor Gilmour remarked last year at a Dental Congress, "a nation of which a vast number will have to rely, even before middle age, on artificial substitutes for natural teeth".

With the object of promoting a more active national consciousness in the matter of preventive dentistry, the following measures have been suggested:

- (1). The provision of ante-natal and dental treatment for all nursing mothers.
- (2). Public dental services and treatment centres. While on this subject of ante-natal treatment, it is rather significant to find the serious degree to which dental defect and disease are already established on the entry to school of young infants. Dental advice and treatment should be available at all Maternity and Child Welfare Centres, and every endeavour should be made to encourage the retention of natural teeth. The whole atmosphere of such centres should be charged with the ideas of prevention and conservation. When the child reaches the age of six months, the parents should be encouraged to bring it to the dental treatment centres. Dental examination of the pre-school child should be made at three-monthly intervals from the age of six months until school-age is reached, and a simple record card kept. At the end of the pre-school period the information on those cards should be transferred to the school dental record. The present scheme should be expanded to cover the entire elementary school population, viz.:—every child to come under routine inspection at least twice a year, and all necessary treatment to be provided.

In other countries it has been found that ignorance and indifference of parents are responsible for low percentages of consents to treatment, where such prevail. Among the remedial measures proposed to combat such indifference are the following:

- (1). Talks by dental officers to parents on such occasions as numbers of them can be brought together;
- (2). Talks with the children at inspections, directing attention to the condition of their teeth, and the means of preserving them;
- (3). Lectures to teachers, who are constantly in touch with the children, and are able to give most valuable assistance by regularly calling attention to the necessity for oral hygiene;
- (4). Visits to homes by school nurses, health visitors, or voluntary workers.

The Adolescent.

The absence of any organised form of treatment of dental disease during this period is said by competent authorities to nullify much of the work of the school dental service. A scheme has recently been started in Brentford and Chiswick by which "school leavers" are given a certificate of dental fitness on their departure from school. They are provided with a pamphlet, a parental consent

form and a list of qualified dentists willing to undertake treatment. The child is required, within fourteen days of leaving school, to present the certificate and signed consent form to the dentist of choice, who registers the child on his list. Following an examination, an appointment is made for six months ahead, and a few days before the date thereof, a reminder is sent. On each succeeding half-yearly visit the child is to be examined and any necessary treatment given. The annual fee is 7/6, which the adolescent pays in four quarterly instalments.

Present Condition of Dental Services in the County.

Up to the present there has been no attempt at conservative dentistry in connection with the School Medical Inspection service in this County. There are two part-time Dentists employed, who are paid at the rate of £2 2s 0d per session of three hours, without travelling expenses. They work in the wake of the School Medical Officer, arranging clinics for those children whose teeth have been reported on unfavourably by the former. Such dentistry as is performed consists solely of extraction of decayed teeth. This "extraction" dentistry should, under proper conditions, be considered quite alien to the underlying idea of public dental service. School dental services should be organised on very conservative lines, especially for the older children. In order to achieve this object, full-time dentists are, of course, a *sine qua non*. Furthermore, travelling dental clinics such as, I understand, are in use in Germany, should be an integral part of any scheme for scattered country districts. In this connection, I was interested to see, quite recently, that Armagh has been provided with such a Clinic, claimed to be the first of its kind in Ireland.

I should like to conclude with a quotation from "Hygiene of the Mouth and Teeth", a booklet issued for the use of school teachers by the Dental Board of the United Kingdom. "The period of school life witnesses the eruption of 28 of the 32 permanent teeth, and their ultimate fate is to a large extent determined during this period. In the very great majority of children of school age some at least of the permanent teeth begin to decay within a year or two of their eruption. The onset of decay is usually gradual and insidious, giving rise in its early stages to no symptoms and no disfigurement. Neither parents nor children are aware of anything wrong, and it is only the dentist, who examines with probe and mirror, who can detect the early beginnings of disease. But treatment at this stage is of the first importance; if a year is allowed to elapse many teeth will have become unsalvageable, and others will have been so severely injured as to require much time and trouble to produce what is at best a patched-up article. . . . It has been shown again and again in the school dental service that in those districts where children are left for more than a year between one dental inspection and the next, a large number of permanent

teeth are found to need extraction—an irreparable loss to the children concerned. . . . It is a fact that only those who care for their teeth have teeth to be proud of, and care of the teeth is a habit formed when one is young”.

Percentage of Children with Dental Caries. (Marked Degree or for Treatment).

YEAR.	1931	1932	1933	1934	1935	1936	1937
	28.5	35.1	38.0	35.1	44.9	44.0	36.9

VISUAL DEFECTS.

16.9% of children showed defective vision as compared with 26% in 1936. This is a big reduction on last year's figures, and it is to be hoped that such reduction will be maintained. There will always, however, be an irreducible minimum of children suffering from defective vision due to heredity, accident and disease, and for these a full-time specialist would be a great desideratum.

Trachoma.

No cases of this disease were found in the school population.

As stated in last year's Report, the fact that there is, as yet, no full-time Ophthalmologist in the County has given rise to a good deal of dissatisfaction among parents. Actually, it is true to say that there is no official Ophthalmologist in Donegal. The present arrangement whereby school children from all parts of the County are compelled to go to the Eye and Ear Hospital in Derry for ophthalmological examination is very unsatisfactory, not, of course, from the point of view of the actual work done by that institution, which is first-class, but because of the distances to be traversed and the very long delay in calling children for examination. The Derry Eye Hospital finds itself unable to deal with more than three to five of our patients per week, and many of these fail to turn up. One reason for this is possibly that owing to the long period that has elapsed since the school examination the parents and the pupils have lost interest in the matter. Often, too, the distances to be traversed are considerable, as already mentioned.

All things considered, the appointment of a full-time Ophthalmologist to work the schools scheme in conjunction with the examination of poor-law cases and tuberculous patients is an outstanding necessity. The appointment, which has been urged on the Board of Health more than once, should not be delayed, as the number of cases due for examination is steadily mounting up day by day, now that the schools scheme is again in full working order.

TUBERCULOSIS.

In the previous year's school inspection (1936) one got the impression that pulmonary tuberculosis was commoner in the school population than is generally considered to be the case (29 definite cases of pulmonary tuberculosis and 29 cases of surgical tuberculosis out of a total of 4,849 inspections). For the present year (1937) there were only 5 definite cases of pulmonary tuberculosis, and 21 surgical. All these cases have been subjected to x-ray examination, so that the diagnosis is not in doubt. It will be observed, therefore, that there has been a marked and welcome decrease in the figures for the pulmonary form of the disease. There are still far too many cases of surgical tuberculosis, however, despite the reduction to 0·3% as compared with 0·6% in 1936. The new Milk and Dairies legislation should prove of great assistance in ridding the school population of this disfiguring disease, with its toll of prolonged crippling and incapacity, and even death in many instances.

In regard to administration and institutional treatment, one would like, as remarked last year, to see in a large county like Donegal at least one well-equipped Sanatorium, with two or more Central Dispensaries, each with an up-to-date x-ray plant, including a mobile x-ray unit for convenience of outlying districts.

RHEUMATISM.

The incidence of organic heart disease was found to be 0·4%, as compared with 0·8% in 1936. As far as could be ascertained from the histories, practically all the cases of organic heart disease were the direct result of rheumatic fever infection. The figure of 0·4%, as found in 1937, is more in accordance with the figures for England and Wales, ascertained as the result of a very large number of inspections. It is, therefore, presumably to be regarded as the normal incidence of this disease in the present imperfect state of our knowledge of the prophylaxis and treatment of rheumatic fever.

The Incidence of Certain Defects REQUIRING TREATMENT for the Years 1931--1937.

	Routine Inspection.						
	Incidence of Defects per 100 Inspections.						
	1931	1932	1933	1934	1935	1936	1937
Malnutrition ...	2.2	2.2	2.6	4.0	3.4	1.2	1.6
Skin Disease ...	9.8	13.6	9.9	11.0	1.6	3.0	2.9
Defective Teeth ...	25.8	35.1	38.0	35.1	44.9	44.0	36.9
Defective Vision ...	12.0	13.4	16.3	15.0	20.2	16.1	11.5
Squint ...	3.6	3.4	3.1	2.9	2.4	2.2	1.5
Other Eye Diseases ...	5.4	6.0	5.3	6.6	1.3	2.1	1.2
Defects of Hearing ...	.7	.7	.5	.5	.3	.2	.2
Ear Diseases ...	1.9	1.6	2.1	1.6	.8	.6	.6
Defects of Speech ...	1.6	2.6	2.5	2.9	.8	2.4	1.0
Chronic Tonsillitis and Adenoids ...	17.7	20.7	17.9	16.5	48.3	26.2	21.5
Other Nose and Throat Defects ...	9.0	9.0	8.3	9.6	—	1.1	0.5
Organic Heart Disease ...	.6	.8	.9	.8	—	.8	.4
Pulmonary Tuberculosis ...							
(a). Definite ...	.3	.3	.4	.7	.5	.6	.07
(b). Suspected ...	1.4	2.4	3.6	5.2	26.5	3.8	1.8
Non-Pulmonary Tuber- culosis ...	1.6	2.2	1.9	1.7	2.4	.6	.3
Epilepsy, Chorea, and other Nervous Conditions ...	1.3	1.1	1.0	1.1	.5	1.1	.4
Deformities ...	3.5	5.6	6.5	6.3	4.5	2.3	3.3
Rickets ...	3.3	2.2	1.7	1.9	4.2	.9	1.0
TOTAL NUMBER OF CHILD- REN INSPECTED ...	9,688	7,370	6,608	3,194	381	4,849	6,508

SCHOOL BUILDINGS.

Of the 195 schools examined during the year 1937, the following 100 were adversely reported on:

Name of School.	Dispensary District.	Nature of Defects, and Recommendations (if any).
Annagry	Dungloe (Burton-port)	School at present overcrowded. Additional classroom needed. Water-supply needed. Play-ground very rough and dangerous to the children.
Acres (G.)	Dungloe (Burton-port)	Water-supply needed.
Ardagh	Raphoe	Ventilation poor—windows large but it is not possible to open them to full advantage. Adjustments to windows recommended. Play-ground waterlogged in wet weather.
Altaghaderry	Killea	Additional class-room required. Play-ground needs enlargement.
Aughnahoo (Mixed)	Pettigo	Play-ground and cloak-room inadequate. Walls of both class-rooms damp. Sanitary accommodation unsuitable. School appears overcrowded.
Ardbane	Tanatallon	Walls very damp. Floor in bad repair. Repairs at present being considered.
Ardorone	Dungloe (Burton-port)	Surface of play-ground rough and uneven.
Ballykerrigan	Cloghan	Premises considered definitely unsuitable. Building old and damp. No suitable play-ground. Lavatories bad.
Balleeghan	Manorcunningham	Ventilation could be improved. Water-supply urgently required. Sanitary accommodation very poor.
Boyagh	Castlefin	Children play in a field, which is private property surrounding school.
Ballindrait	Castlefin	Water-supply required.
Ballysaggart	Dunkineely	Walls cracked. Floor in bad repair. Bad play-ground. No cloak-room. New building at present under consideration
Burtonport (B.)	Dungloe (Burton-port)	Play-ground waterlogged in wet weather. Closets clean but pit is open on to play-ground.
Belcruit	Dungloe (Burton-port)	Play-ground needs enlargement.
Ballinakillew	Laghey	Floor in very bad repair. Walls very damp. Building in bad general repair.
Broadpath	Stranorlar	The building is old and unsuitable for use as a school. Is overcrowded. Danger to children playing on main road and danger from river adjacent to school. Closets antiquated and dangerous to health. A new school is urgently required.

Name of School.	Dispensary District.	Nature of Defects, and Recommendations (if any).
Carrigans	Killea	Closets not suitable. Play-ground too small.
Cross Roads	Killea	Closets unsuitable.
Cooladawson	Killygordon	Building very old. Lacking play-ground.
Cashelnagore	Cross Roads (Falcarragh)	Absence of play-ground.
Corryvaddy	Letterkenny	Light from one window blocked badly by a tree, which should be cut down or trimmed.
Commeen	Cloghan	Premises considered definitely unsuitable. School overcrowded. Roof leaks, walls damp. There is no play-ground and the lavatories are in bad condition and antiquated.
Castlefin 1 (B.)	Castlefin	Premises considered definitely unsuitable. The school is overcrowded and both teachers work in the one room.
Cloughfin	Castlefin	Premises considered definitely unsuitable. Are below the level of the surrounding ground and consequently damp in winter. There is no play-ground and children play on the roadway at a rather dangerous junction of two roads. The closets are insanitary and antiquated.
Convoy	Stranorlar	Provision of an extra window and an extra fire-place recommended.
Doochary	Doochary	Play-ground irregular and waterlogged in wet weather. Gravelling recommended.
Derryhenny	Doochary	Premises considered definitely unsuitable. Ventilation bad. Fires smoke. Rooms small and poky. Closets inadequate (1 closet for Mixed school). Windows cannot be opened in one classroom. (Negotiations proceeding for erection of new school).
Dungloe	Dungloe	Additional class-room urgently needed. Play-ground needs enlargement. Water-supply urgently needed—this could be made available from the town supply without much inconvenience or expense.
Derrybeg (G.)	Cross Roads (Gweedore)	School would require to be enlarged and to have two rooms provided—one for each teacher.
Dunlewey	Cross Roads (Gweedore)	Window required in cloak-room wall of seniors' class-room. Large percentage of defective vision in this school.
Drumkeen	Stranorlar	The well near the school used by children is very unsatisfactory.

Name of School.	Dispensary District.	Nature of Defects, and Recommendations (if any).
Donoughmore	Castlefin	School premises considered definitely unsuitable. Building old and rather dirty. No play-ground. Children forced to play on main road. The school-room is overhead a dwelling-house.
Dore	Cross Roads (Gweedore)	Overcrowded.
Derryconnor	Crossroads (Falcarragh)	Heating arrangements unsatisfactory. Lighting defective.
Drumbeg	Raphoe	Play-ground badly needed.
Dromore	Killygordon	Recommendation that pump be sunk in vicinity of school.
Glendoen	Letterkenny	Sanitary accommodation unsatisfactory. Play-ground unsatisfactory. Lighting bad, and obstructed by trees.
Glenvar	Rathmullan	No play-ground. No water-supply.
Glenmaquin No. 1	Manorcunningham	Very old school (71 years). Field rises up behind. Fire does not heat room properly. Only 1 room, though two teachers work in it. Lighting not good. Ventilation and flooring bad. New school recommended as existing building does not lend itself to improvement.
Glenmaquin No. 2	Manorcunningham	School is below the level of the upper road. Recommend it to be partitioned into two.
Glencar	Letterkenny	Lighting rather defective. New floor-joists required.
Gartan	Churchill	Light obstructed by trees.
Glenalla	Ramelton	Closets require to be cleaned at once. Recommend installation of modern grate for heating.
Knock	Killygordon	School premises considered definitely unsuitable. Building antiquated and in bad state of repair. No play-ground. Closets most unsuitable and a danger to the health of the children.
Kilmacrenan No. 1	Kilmacrenan and Milford	Lighting very defective. Heating inadequate. Closets in bad repair.
Keadue	Dungloe (Burtonport)	Play-ground too small. No suitable supply of drinking-water convenient.
Letterleague	Letterkenny	Sanitary accommodation unsatisfactory. Separate room recommended for each teacher. Windows too highly placed. Decaying wood causes unpleasant smell.
Lurgybrack	Manorcunningham	Drainage of play-ground suggested as it becomes flooded in winter.
Loissett	Churchill	Play-ground unsuitable.

Name of School.	Dispensary District.	Nature of Defects, and Recommendations (if any).
Lettercran (2)	Pettigo	Walls damp and in very bad repair. Roof bad. Lighting very poor. No cloakroom and no play-ground. New school at present under consideration.
Lower Illies	Buncrana	Light obstructed by cottage in front of school (north-east end). Sanitary accommodation for boys unsatisfactory
Loughanure	Dungloe (Burton-port)	Water-supply urgently needed.
Legan	Dunkineely	School at present under repair. Medical inspection in temporary building.
Laghey Bar	Laghey	Building in very bad general repair. New school at present being considered
Lifford	Castlefin	Water closet dirty and antiquated.
Lettershambo	Cloghan	Premises considered definitely unsuitable. Building damp and antiquated. No sanitary accommodation. New school required.
Letterbrick	Cloghan	Premises considered definitely unsuitable. New school in course of construction.
Lunniagh	Cross Roads (Gweedore)	As this school is very old, it is suggested that a new one be built. Heating arrangements very unsatisfactory. Lighting defective. No proper cloakroom. Overcrowded.
Lismulladuff	Killygordon	Additional room required. Room overcrowded. Both teachers work in same room. Play-ground irregular and water-logged in wet weather.
Monreagh	Killea	One of gables damp. School 80 years old. Not modern. Lighting bad. No sanitary accommodation--old tumbled-down closets.
Milford	Kilmacrenan and Milford	Lighting in infants' room inadequate--additional windows required. A large proportion of visual defects found.
Meencarrigagh	Cloghan	Play-ground too small. Closets dangerous--outlet opens directly into play-ground. No convenient water-supply.
Meenmore	Dungloe No. 1	One room rather dark on dull day. Drinking-water available only at a considerable distance from school.
Meenatotten	Dungloe	Both teachers work in one room which requires to be extended and partitioned as it is too small.
Meenglass	Killygordon	School considered definitely unsuitable. Windows too small--room dark and badly ventilated. Whole premises damp. Building very old.
Meenderry	Cross Roads (Falcarragh)	Overcrowded. Lighting defective.

Name of School.	Dispensary District.	Nature of Defects, and Recommendations (if any).
Meenacladdy	Cross Roads (Gweedore)	1 room overcrowded. Requires additional room, the provision of which would give a separate apartment for each of the three teachers.
Meenbanid	Dungloe (Burtonport)	Roof water used for drinking. Installation of water-supply recommended.
Meenaleck	Dungloe (Burtonport)	Premises considered definitely unsuitable. The building was never intended to be used as a school—a converted dwelling-house. A new school is urgently needed.
Meenbane	Stranorlar	The play-ground is very muddy and requires to be gravelled.
Meenacross	Dungloe No. 1	The building is very old-fashioned, with unsatisfactory lighting and ventilation. The play-ground is too small. No water-supply.
Meenacahan	Tanatallon	Walls damp. Floor in very bad repair. Lighting very poor.
Naomh Mhuire (Bridgend)	Killea	Enlargement and paving or gravelling of play-ground recommended.
Portlean	Kilmacrenan and Milford	School premises considered definitely unsuitable and require to be replaced by modern premises. Hill right at back of school blocks light. Damp. Ceiling bad.
Rooskey	Castlefin	Premises considered definitely unsuitable. Building old and damp. No play-ground. Closets inadequate and antiquated.
Raphoe (Mixed)	Raphoe	Two class-rooms, of which one is overcrowded. Not possible to divide numbers evenly between the two rooms. Closets rather antiquated. Play-ground unsuitable—too small. Water-supply required.
Rannafast	Dungloe (Burtonport)	The school is very overcrowded and an additional class-room is urgently needed. Water-supply not satisfactory for drinking.
Roshine	Dungloe No. 1	Premises are definitely unsuitable. Roof is in danger of falling in. Room is practically always filled with smoke owing to bad ventilation arrangements. Closets are not fit for use. A new school is an urgent necessity.
Ray	Manorcunningham	Lighting and ventilation could be improved upon. Modern sanitary accommodation is urgently required in this school.

Name of School.	Dispensary District.	Nature of Defects, and Recommendations (if any).
Ramelton (R.C.)	Ramelton	Another class-room necessary. Additional lighting required in infants' room. Flush closets should be installed to replace the earth closets.
St. Eunan's (B.)	Letterkenny	Very overcrowded. Windows placed much too high, causing children under them to have very poor light.
St. Columba's	Letterkenny	Overcrowded. Would require extension. Only four class-rooms and seven teachers employed. In one room, three teachers work. Extension urgently recommended.
St. Egney's (G.)	Buncrana	Recommend pump to be sunk in vicinity.
St. Egney's (B.)	Buncrana	Pump to be sunk in vicinity.
St. Oran's	Buncrana	Surface of play-ground irregular and muddy. Requires to be smoothed out and paved or gravelled. Water collects in places.
Shallogans	Doochary	Premises considered definitely unsuitable. Damp in winter. Warm and stuffy in summer. Closets crude and tumbled-down.
Stranorlar (Rob.)	Stranorlar	Installation of water closets connecting with the town sewerage system recommended.
St. Patrick's (Murlog)	Castlefin	Play-ground too small. Children forced to play on main road. Arrangements for enlarging play-ground in hand. Water-supply required—could be laid on without much expense.
Stramore	Churchill	School building consists of one room for two teachers. Suggest that room should be partitioned to provide two apartments.
St. Columcille's, Newtowncunningham	Killea	Play-ground muddy and water-logged in wet weather. Water-supply not satisfactory.
St. Baithin's, St. Johnston	Raphoe	School built in 1931. Now somewhat overcrowded.
Shannagh	Laghey	Building poor. In bad general repair. Lighting very bad.
Tievebrack	Castlefin	At least an additional class-room is urgently required, as the school is very badly overcrowded. The number of pupils on the roll is 78, which leaves approximately 5 sq. feet of floor space per pupil. Both teachers have to work in the present overcrowded single class-room.

Name of School.	Dispensary District.	Nature of Defects, and Recommendations (if any).
Treankeel	Cloghan	Play-ground too small.
Termon	Kilmacrenan and Milford	Ventilation, lighting, and heating poor in infants' room, which is over-crowded. Cloak-room accommodation inadequate. Seating accommodation poor.
Temple Douglas	Churchill	Play-ground too small. Windows placed too high.
Tullydish	Buncrana	Recommend water-supply. No suitable drinking-water within half-a-mile.
Tullybeg	Ramelton	School is rather small. Ventilation poor. Lighting very poor in winter.
Woodland	Letterkenny	School too small.
Welchtown	Cloghan	Play-ground badly needed.

SUMMARY OF INSPECTION AND DEFECTS.

TABLE A.

Showing Total Number of Children Inspected during the Year 1937, grouped according to Dispensary Districts, and the Attendances of Parents at the Actual Inspections.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	First Inspection.	Second Inspection.	Number whose Parents Present.
BALLYSHANNON ...	329	151	109	42	95
Ballyshannon Convent ...	288	133	104	29	79
Behey ...	41	18	5	13	16
BUNCRANA ...	662	338	245	93	121
Cockhill ...	109	42	29	13	11
Drumfries ...	83	56	36	20	20
Kinnego ...	65	25	21	4	4
Lower Fahan ...	40	19	17	2	8
St. Egney's (B.) ...	53	28	23	5	12
St. Egney's (G.) ...	55	33	24	9	20
St. Joseph's, Lower Illies ...	141	61	43	18	19
St. Oran's ...	40	30	23	7	13
Tullydish ...	76	44	29	15	14
CASTLEFIN ...	823	405	245	160	179
Alt (1) ...	56	30	20	10	22
Alt (2) ...	26	14	12	2	5
Ballindrait ...	32	12	7	5	5
Boyagh ...	72	13	9	4	5
Carnowen ...	62	57	35	22	5
• Castlefin (B.) ...	80	35	15	20	12
Castlefin (G.) ...	67	37	22	15	24
Castlefin (2) ...	46	26	21	5	13
Cloughfin ...	53	27	15	12	7
Lifford ...	18	5	5	—	3
Roskey ...	38	18	12	6	9
St. Patrick's, Murlog ...	195	81	45	36	50
Tievebrack ...	78	50	27	23	19
CHURCHILL ...	305	131	83	48	61
Ednacarnon ...	49	28	20	8	10
Gartan ...	19	5	4	1	1
Keelogs ...	43	20	15	5	8
Losset ...	27	13	8	5	3
Rashedog ...	47	9	4	5	7
Stramore ...	30	12	5	7	4
Templedouglas ...	68	29	18	11	17
Trentagh ...	22	15	9	6	11
CARNDONAGH ...	187	82	44	38	63
Craigtown ...	87	43	26	17	38
Glassalts ...	100	39	18	21	25
CLOGHAN ...	407	218	157	61	123
Ballykerrigan ...	26	14	11	3	1
Commeen ...	55	26	14	12	15
Dooish ...	90	48	37	11	34

TABLE A.— Continued.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	First Inspection.	Second Inspection.	Number whose Parents Present.
Cloghan—Continued	...				
Letterbrick	50	19	15	4	15
Lettershambo	35	31	21	10	22
Meencarigagh	38	32	30	2	16
Treankeel	65	23	18	5	8
Welchtown	48	25	11	14	12
CLONMANY	515	213	116	97	73
Crossconnell	124	54	24	30	21
Gaddyduff	120	22	13	9	10
Rashenny	63	19	11	8	14
Tiernasligo (B.)	105	46	23	23	2
Tiernasligo (G.)	103	72	45	27	26
CROSSROADS (FALCARRAGH)	787	446	324	122	365
Cashelnagore	152	89	61	28	66
Derryconnor	137	82	50	32	77
Dore	86	42	29	13	36
Knockastolar	172	103	83	20	91
Lunniagh	128	89	69	20	75
Meenderry	112	41	32	9	20
CROSSROADS (BUNBEG)	454	270	141	129	183
Bunaninver	97	63	47	16	23
Derrybeg (G.)	89	52	25	27	44
Dunlewy	77	51	18	33	48
Knockfolia	71	38	16	22	10
Meenacladdy	120	66	35	31	58
DOOCHARY	383	242	205	37	145
Ballinamore	67	35	24	11	26
Derryhenny	38	31	27	4	6
Doochary	61	50	45	5	40
Dooley	50	19	18	1	7
Glenleigh	40	29	21	8	21
Kingarrow	32	20	20	—	5
Letter	52	28	25	3	25
Lettermacaward	13	6	3	3	1
Loughmuck	9	5	5	—	2
Shallogans	21	19	17	2	12
DUNGLOE	347	223	142	81	200
Dungloe	154	86	59	27	76
Meenacross	81	42	26	16	40
Meenmore	60	46	24	22	40
Traighena	52	49	33	16	44
DUNGLOE (BURTONPORT)	979	684	431	253	615
Acres	41	29	25	4	27
Annagry	108	93	56	37	93
Ardrone	66	43	30	13	43
Belcrut	70	57	41	16	53
Burtonport (B.)	29	24	13	11	22
Keadue	82	49	35	14	46
Loughanure	112	71	47	24	62
Meenbanid	100	66	38	28	66

TABLE A.—Continued.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	First Inspec- tion.	Second Inspec- tion.	Number whose Parents Present.
Dungloe (Burtonport)—Cont.					
Meenaleck ...	38	31	24	7	26
Meenatotten ...	64	31	21	10	20
Mullaghduff ...	117	106	63	43	86
Rannafast ...	119	65	24	41	60
Roshine ...	33	19	14	5	11
DUNKINEELY ...	408	172	95	77	87
Ballysaggart ...	47	11	3	8	4
Bruckless ...	37	18	11	7	8
Calhame ...	46	25	10	15	11
Croagh ...	70	43	23	20	17
Dunkineely ...	51	17	13	4	11
Killaghtee ...	40	20	12	8	15
Legan ...	66	26	15	11	18
Urbal ...	51	12	8	4	3
KILLEA ...	515	317	235	82	101
Altaghaderry ...	112	84	71	13	33
Castle ...	41	30	18	12	11
Carrowen ...	56	23	19	4	—
Carrowreagh ...	35	13	7	6	7
Carrigans ...	37	13	12	1	5
Cross Roads ...	44	19	17	2	2
Moness ...	62	27	17	10	9
Monreagh ...	31	12	10	2	3
Naomh Mhuire, Bridgend	62	23	21	2	2
St. Columcille's ...	135	73	43	30	29
KILLYGORDON ...	564	298	238	60	201
Cooladawson ...	59	26	14	12	19
Donaghmore ...	50	44	35	9	31
Dromore ...	113	52	41	11	35
Gleneely ...	49	38	28	10	30
Killygordon ...	19	15	13	2	5
Knock ...	68	34	28	6	34
Lismullyduff ...	59	29	25	4	21
Meenglass ...	37	19	14	5	11
Meenreagh ...	44	23	23	—	17
Sessiaghoneill ...	66	18	17	1	18
KILMACRENAN AND MIL- FORD ...	429	179	97	82	89
Carrownagananagh ...	55	30	14	16	24
Kilmacrenan (1) ...	26	4	1	3	1
Kilmacrenan (2) ...	64	24	14	10	15
Milford ...	77	40	12	28	22
Milford (Mixed) ...	41	28	14	14	5
Portlean ...	29	10	6	4	1
Termon ...	137	43	36	7	21
LAGHEY ...	398	270	192	78	161
Ballinakillew ...	26	21	21	—	15
Ballintra (Robt.) ...	42	30	20	10	12
Drumnahoul ...	25	15	14	1	4
Four Masters' ...	56	47	29	18	36

TABLE A.—Continued.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	First Inspection.	Second Inspection.	Number whose Parents Present.
Laghey—Continued.					
Laghey ...	40	29	18	11	15
Laghey Bar ...	58	54	36	18	32
St. Ernan's ...	81	25	21	4	19
Shannagh ...	34	28	17	11	13
Tullynaught ...	36	21	16	5	15
LETTERKENNY ...	879	465	353	112	277
Ballystrang ...	26	22	13	9	19
Barkhall ...	49	23	16	7	10
Corravaddy ...	42	27	24	3	27
Glencar ...	39	17	12	5	9
Glendoen ...	35	19	12	7	6
Illistrin ...	12	—	—	—	—
Illistrin (I) ...	34	20	14	6	15
Letterkenney (Robt.) ...	39	24	18	6	18
Letterleague ...	45	15	10	5	8
St. Columba's (Convent) ...	292	121	110	11	76
St. Eunan's ...	201	147	104	43	68
Woodland ...	65	30	20	10	21
MANORCUNNINGHAM ...	438	144	113	31	63
Ballyholey ...	31	11	7	4	2
Balleghan ...	69	29	27	2	11
Drumoghill ...	120	42	37	5	15
Glenmaquin (I) ...	40	6	4	2	2
Glenmaquin (II) ...	38	3	2	1	3
Lurgybrack ...	80	41	28	13	23
Ray ...	60	12	8	4	2
PETTIGO ...	262	111	73	38	41
Aughnahoo ...	126	47	31	16	1
Gortnessy ...	26	6	5	1	1
Lettercran ...	52	33	18	15	26
Pettigo ...	21	9	7	2	1
Tamlaght ...	37	16	12	4	12
RAMELTON ...	420	207	126	81	99
Browne Knowe ...	23	4	2	2	1
Castleshanaghan ...	20	8	7	1	4
Croaghan ...	23	7	3	4	4
Glenalla ...	15	1	1	—	—
Glentidally ...	19	7	2	5	—
Killycreen ...	60	34	17	17	20
Ramelton (Mixed) ...	60	19	13	6	13
Ramelton ...	125	75	54	21	36
Ray (2) ...	22	17	10	7	10
Tullybeg ...	53	35	17	18	11
RAPHOE ...	603	239	182	57	155
Ardagh ...	63	25	15	10	11
Craigadooish ...	22	2	2	—	1
Drumbeg ...	37	7	5	2	3
Drummucklagh ...	72	33	26	7	30
Raphoe (Mixed) ...	143	59	45	14	44
Raphoe (Wilson) ...	54	25	14	11	12

TABLE A.—Continued.

DISPENSARY DISTRICT.	Number on Roll.	Total Number Inspected	First Inspection.	Second Inspection.	Number whose Parents Present.
Raphoe—Continued.					
Raphoe (Robertson) ...	46	12	11	1	4
St. Baithen's ...	166	76	64	12	50
RATHMULLAN ...	287	176	78	98	120
Glenvar ...	65	58	20	38	33
Lurgan-Boyce ...	39	12	8	4	5
Rathmullan ...	68	51	22	29	44
Rathmullan (Robt.) ...	35	13	8	5	7
St. Garvan's ...	80	42	20	22	31
ROSGUILL ...	49	36	22	14	18
Coole ...	49	36	22	14	18
STRANORLAR ...	625	330	250	80	156
Augheygault ...	30	15	13	2	6
Broadpath ...	59	29	15	14	14
Cloughroe ...	23	8	6	2	7
Convoy ...	61	45	36	9	9
Corradooey ...	22	2	2	—	1
Drumkeen ...	87	52	35	17	43
Lissinisk ...	36	12	10	2	3
Meenbane ...	40	27	20	7	15
Stranorlar (B.) ...	105	59	41	18	24
Stranorlar (G.) ...	111	67	58	9	40
Stranorlar (Robertson) ...	51	14	14	—	4
TANATALLON ...	331	161	83	78	99
Ardbane ...	54	30	15	15	13
Drimnaherk ...	29	20	11	9	15
Inver ...	50	16	9	7	10
Killian ...	66	28	18	10	16
Letterfad ...	42	32	15	17	24
Lettermore ...	41	30	10	20	20
Meenacahan ...	49	5	5	—	1
GRAND TOTAL ...	12,386	6,503	4,379	2,129	3,890

N.B.—The “Number on Roll” given in Table A refers to the Schools which were actually inspected in a particular Dispensary District during the year 1937. In some Dispensary Districts the inspection of the schools was not completed during the year.

TABLE B.—Showing State of Children in Matters of Clothing, Footgear, and Cleanliness.

	Unsatisfactory.	Percentage	Very Unsatisfactory.	Percentage	TOTAL	Percentage
Clothing ...	195	3	40	0.6	235	3.6
Footgear ...	128	2	19	0.3	147	2.2
Cleanliness of Head ...	490	7.5	98	1.4	588	9.0
Cleanliness of Body ...	628	9.6	183	2.8	811	12.5

TABLE C.—Giving a Summary of the Defects Discovered during the Year 1937.

DEFECT OR DISEASE.	TOTAL.	Percentage.	Marked Degree or for Treatment.	Percentage.	Moderate Degree or for Observation.	Percentage.
Malnutrition ...	709	10·9	105	1·6	604	9·3
Ringworm of Head ...	11	2·9				
Ringworm of Body ...	25					
Impetigo ...	35					
Scabies ...	55					
Other Skin Diseases ...	63	42·6	2,404	36·9	371	
Carious Teeth ...	2,775					
Defective Vision ...	1,099	16·9	748		351	
Squint ...	99	1·5				
Other Eye Diseases ...	82	1·2				
Hearing ...	16	0·2				
Ear Diseases ...	40					
Speech ...	67	1·0				
Tonsils and Adenoids ...	1,930	29·6	1,400		530	
Rhinitis ...	22	0·5				
Nasal Obstruction ...	13					
Cervical Glands ...	375	5·7	50		325	
Submaxillary Glands ...	35		15		20	
Heart Disease (Functional) ...	54	0·8				
Heart Disease (Organic) ...	27	0·4				
Anaemia ...	443	6·8	71		372	
Bronchitis ...	128	2·5				
Other Non-Tuberculous Lung Conditions ...	34					
Definite Pulmonary Tuberculosis ...	5	0·07				
Suspected Pulmonary Tuberculosis ...	117	1·8				
Surgical Tuberculosis ...	21	0·3				
Rickets ...	66	1·0				
Hernia ...	11	0·2				
Epilepsy ...	4	0·4				
Other Nervous Conditions ...	26					
Postural Defects ...	296	4·5				
Deformities ...	216	3·3				
Infectious or Contagious Diseases ...	5					
Mental Condition ...	35	0·5	12		23	
Other Diseases or Defects ...	106	1·6				

TABLE D.—Showing the Number of Children Unvaccinated according to Dispensary Districts.

DISPENSARY DISTRICT.	Number Inspected.	Number Unvaccinated.	Percentage (in certain cases).
Ballyshannon ..	151	12	
Buncrana ..	338	11	
Castlefin ...	405	41	
Churchill ..	131	2	
Carndonagh ..	82	3	
Cloghan ..	218	60	28·0
Clonmany ...	213	3	
Cross Roads (Falcarragh) ...	446	16	
Cross Roads (Bunbeg) ...	270	3	
Doochary ..	242	40	16·0
Dungloe ..	223	27	12·0
Dungloe (Burtonport) ...	684	87	12·0
Dunkineely ...	172	13	
Killea ...	317	35	
Killygordon ..	298	50	17·0
Kilmacrenan and Milford ..	179	8	
Laghey ..	270	9	
Letterkenny ...	465	16	
Manorcunningham ..	144	17	
Pettigo ..	111	11	
Ramelton ..	207	8	
Raphoe ...	239	14	
Rathmullan ..	176	3	
Rosguill ..	36	4	
Stranorlar ..	330	54	17·0
Tanatallon ..	161	4	
TOTAL ..	6,508	551	8·5

TABLE E.—Classification of Certain Diseases and Defects found during School Medical Inspection in the Year 1937.

SKIN DISEASES.			NERVOUS DISEASES.		
Acne Vulgaris	...	2	Chorea	...	2
Alopecia Areata	...	2	Epilepsy	...	4
Dermatitis	...	13	Headache	...	13
Eczema	...	6	Nocturnal Enuresis	...	10
Erythema Nodosum	...	1	Other Conditions	...	1
Herpes Labialis	...	4			
Ichthyosis	...	6	Total	...	30
Impetigo	...	35			
Moles	...	2			
Naevi	...	11			
Psoriasis	...	8			
Ringworm of Head	...	11	DEFORMITIES.		
Ringworm of Body	...	25	Birth Palsy	...	2
Scabies	...	55	Cleft Palate	...	6
Urticaria	...	2	Cleft Uvula	...	1
Warts	...	6	Congenital Dislocation	...	8
			Genu Valgum	...	26
Total	...	189	Genu Varum	...	5
			Hammer Toes	...	1
			Pes Cavus	...	2
EYE DISEASES.			Pes Planus	...	58
Blepharitis	...	52	Rachitic Deformities	...	66
Cataract	...	1	Sequel to Injury	...	10
Conjunctivitis	...	7	Sequel to Polioencephalitis		
Corneal Opacity	...	7	(Paresis, etc.)	...	11
Cysts	...	1	Talipes	...	6
Defective Vision	...	1,099	Torticollis	...	11
Hordeoli	...	4	Webbed Fingers	...	1
Nystagmus	...	4	Webbed Toes	...	2
Ptosis	...	1			
Strabismus	...	99	Total	...	216
Other Conditions	...	3			
Unclassified	...	2			
Total	...	1,280	OTHER DISEASES.		
			Chronic Appendicitis	...	9
EAR DISEASES.			Cysts (Branchial)	...	1
Defective Hearing	...	16	Cysts (Dermoid)	...	5
Otitis Media	...	21	Ganglion	...	3
Otorrhoea	...	15	Goitre	...	11
Other Conditions	...	4	Mongolism	...	1
			Parasites (Intestinal)	...	19
Total	...	56	Phimosi	...	2
			Rheumatism	...	2
NON-PULMONARY TUBERCULOSIS.			Spastic Paraplegia	...	2
Tuberculosis of Bone	...	7	Other Conditions	...	9
Tuberculosis of Glands	...	5	Unclassified (Minor		
Tuberculosis of Joints	...	6	Defects)	...	42
Tuberculosis of Membranes	...	2			
Unclassified	...	1	Total	...	106
Total	...	21			

SUMMARY OF TREATMENT.

TABLE F.—Showing the Number of Operations for the Removal of Enlarged or Diseased Tonsils and Adenoids in the various County Institutions during the Year 1937.

Name of Institution.	Number Treated
Ballyshannon District Hospital	39
Donegal District Hospital	44
Letterkenny District Hospital	337
Lifford District Hospital	194
TOTAL	614

TABLE G.—Giving Details of Dental Clinics held during the Year 1937.

Total Number of Clinics held	48
Number of Children in Attendance	1,609
Number of Children Treated	1,593

TABLE H.—Giving Summary of Treatment afforded at Eye and Ear Hospital, Derry, during the Year 1937.

1. EXTERN DEPARTMENT:			
Number of Children in Attendance	...	...	81
Number of Children Treated	...	...	81
2. INTERN DEPARTMENT:			
Number of Children Admitted and Treated		...	4
Number of Children for whom Glasses were prescribed in Eye and Ear Hospital	...	...	75

